FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055934

1. Corporation Name

2036 CORP.

Principal	Place of	f Business
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Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 004 ***158.75



2036 N. DIXIE F		PO BOX 1342				
WILTON MANOF	RS FL 33305	HALLANDALE FL 33008			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					07/19/1995	
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number Applied For	
21 2/50	HOLLI WOOD BLUD	26			65-0605603 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			¢9.75 Additional	
22 See	TE 102	27			5. Certificate of Status Desired Fee Required	
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be	
23 HOCK	Lywood, th	28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_ Country		8. This corporation owes the current year Intangible	
24 330c		29 3	0		Personal Property Tax. Yes SHo	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
	IS, ALAN		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	STATE RD 84				The second secon	
	'E 302 Auderdale FL 33324		83			
11.5	AUDERDALL I E 30324		84	City	FL 85 Zip Code	
44 Dumuent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	-named	corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State of	Florida. Such change was autr	norizea by	tne corpo	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	•		
SIGNATURE		AND Y and Karalla (NOTE: D		a alamatum m	required when reinstating) DATE	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	it signature t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S	DELETE	1.1 TITLE		Change Addition	
NAME	Werner, Kenneth	_	1.2 NAME		2450 Holly wood BUD SENZ Holly wood, 76 33020	
STREET ADDRESS	2036 N. DIXIE HWY		1.3 STREE	ADDRESS	2450 Holly was Dues Jens	
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-S	T•ZIP	Holly 40000 76 33000	
TITLE	WIETON IMPROVED LE GOOD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREË	ADDRESS		
CITY-ST-ZIP	,		2. 4 CITY-5		and the second s	
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	!		
STREET ADDRESS			3.3 STRÉE	TADORESS		
CITY-ST-ZIP			3.4. CITY-5	T-ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADORESS		
CRY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	ĺ		5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS	}		6.3 STREE	TADORESS		
CITY-ST-ZIP			6.4 CITY+S	T-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attractment with an address, with all other like empowered.

SIGNATURE: