### 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 # **P95000074667**1. Corporation Name

THIRTY-NINTH AVENUE, INC.

# FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90052 027 \*\*\*150.00



Principal Place of Business Mailing Address							.,	
3700 NW 91ST Gainesville F	3700 NW 91ST ST. A-100 GAINESVILLE FL 32608				DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed		
						09/19/1995		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For
21		<b>⊢</b> -	26			59-3339225	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	5 Additional
22	·	27	27			5. Certifcate of Status Desired	Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be		
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	_
24	25	29 3	10			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Registere	d Agent	
				81	Name			j
	FLER, EUGENE B		8:			ess (P.O. Box Number is Not Acceptable)		
	NW 91ST ST, A-100							
GAIN	NESVILLE FL 32608			83				
				84	City		. 85 Zi	ip Code
					•	<u> </u>	<b>L</b>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was aut	horized	l by t	-named corpo he corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing oointment as	its registered registered
SIGNATURE								
	Signature, typed or printed name of registered a	·············		Agent	signature required		AND DIDEO	TODO IN 42
12.	<del>,</del>	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	PD	☐ DELETE	1.1 TII				Criang	le 🗆 Vaginoii
NAME	TITOT EET, EGGETTE B		1.2 NA					İ
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL	C DELETE	1.4 C/TY		-ZIP		Chang	ge Addition
TITLE	STD	☐ DELETE	2.1 TITLE					je 🔲 Addison
NAME	HAUFLER, OSCAR E							į
STREET ADDRESS	700111112				ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP 3.1 TITLE			☐ Chang	e Addition
TITLE	D	•						le Civadou
NAME	THOI CALL, EMILOT E		3.2 NA					
STREET ADDRESS	0001111110011111112				ADDRESS			İ
CITY-ST-ZIP	GAINESVILLE FL	☐ DELETE	-	TY-ST	-ZIP		Chang	ge Addition
TITLE			4.1 TIT					
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			ľ
CITY-ST-ZIP		☐ DELETE		TY-ST	-ZIP		Chang	ge Addition
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NAME					ADORESS			
STREET ADDRESS			1		i			}
CITY-ST-ZIP		☐ DELETE	5.4 CI 6.1 TI		- 411"		☐ Chang	ge Addition
TITLE		רין מברבוב	6.2 NA				Chang	- Li Addition
NAME			•		ADDRESS			
STREET ADDRESS			0.3 31	REEL	ADDRESS			1

14. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.