## 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 # P97000092400

COMMON CENT OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address							, 1881188) iib 18111 18911 18911 1				
222 LAKEN DRIVE 222 LAKEN DRIVE											
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409						1	DO NOT WRIT	E IN THIS	SPACE		
						-	Date Incorporated or Qualifed		017102		ĺ
						3	10/24/1997				
2. Principal Place of Business 2a. Mailing Address						4	FEI Number		·App	lied For	ĺ
Z. Fillicipal Fi	26						65-0792636		Not	Applicable	i
Suite, Apt. #, etc. Suite, Apt. #, etc.									\$8.75 A	dditional	1
27						5	. Certifcate of Status Desired		Fee Re	quired	1
City & State City & State						6	. Election Campaign Financing		\$5.00		
23 28							Trust Fund Contribution		Added to	Fees	ĺ
Zip	Country	Zip	Cou	ntry		8	. This corporation owes the curre	nt year Inta	ingible	<b>M</b>	
24	25 29 30			L			Personal Property Tax.	- winda un el 1		<b>X</b> No	1
	9. Name and Address of Current	Registered Agent		81	Name		Name and Address of New R	gistered	Agent		1
KIEG	ING DOREDT			"	Marrie						1
KIESLING, ROBERT 400 EXECUTIVE CENTER DRIVE					Street Add	ress (	ess (P.O. Box Number is Not Acceptable)				ĺ
#209				83							}
	T PALM BEACH FL 33401			03							
1720	A A ALII DENOTT E GOTO			84	City			FL	85 Zip C	ode	Į.
	to the provisions of Sections 607.0502	and 607 1509 Florida Statu	tec the a	hove	-named cor	poratio	on submits this statement for the u	purpose of	changing its	registered	1
office or r	egistered agent, or both, in the State of mailing from the state of mailing with, and accept the obligation	l Florida. Such change was a	autnonzec	י עם נ	tne corpora	ion's b	poard of directors. I hereby accept	the appoin	ntment as rec	gistered	
SIGNATURE								DATE			_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Registered Agent signature required			ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	ő
12.	D OFFICERS AND	DELETE	1.1 TI	D.E			ADDITIONS/OFFARIOLS TO OFF	102,107,11	Change	Addition	1
TITLE	SULLIVAN, LEE			1.2 NAME							2
NAME	222 LAKEN DRIVE			IREET ADDRESS							0
STREET ADDRESS	WEST PALM BEACH FL 33409	i i		1.4 CITY-ST-ZIP							1 5
CITY-ST-ZIP	WEST FALM BEACHTE 33409	☐ DELETE	2.1 TITLE		1-44				Change	Addition	۲
TITLE			2.2 NAME				•				
NAME expect ADDRESS			1		ADDRESS						ļ
STREET ADDRESS			2. 4 CITY-ST-ZIP								1
CITY-ST-ZIP TITLE				3.1 TITLE					Change	Addition	}
NAME			3.2 N	3.2 NAME							
STREET ADDRESS			3 3 S	TREET	TADDRESS						ĺ
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP						J
TITLE		☐ DELETE		.1 TITLE					Change	Addition	
NAME			4 2 5	IAME	-						ì
STREET ADDRESS					FADDRESS						
STATE TABLES				4.4 CITY-ST-ZIP							1
TITLE	Operate			5.1 TITLE					Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 8	TREE	TADDRESS						
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP						
TITLE DELET			6.1 Ti	6.1 TITLE					Change	Addition	J

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 anarchment with an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

05-07-1999 90008 007 \*\*\*150.00

May 07, 1999 8:00 am Exercise Secretary of State