## 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 # P98000027392

ALBERT E. DOTSON, JR., P.A.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90020 010 \*\*\*150.00



Principal Place of Business Mailing Address								
2500 FIRST UNION FINANCIAL CENTER 2500 FIRST UNION FI MIAMI FL 33131-2336 MIAMI FL 33131-2336			ICIAL CENTER		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 03/18/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0821908	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	у	8. This corporation owes the current year In		_	
24	. 25 29 30				Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent		
DOTSON, ALBERT E JR				81 Name				
200 :	2500	82	2 Street Add	dress (P.O. Box Number is Not Acceptable)				
MIAN	II FL 33131-2336			3				
			84	1	FI *	_	Code	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	rized b	y tne corporat	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its sintment as re	registered gistered	
SIGNATURE					red when reinstating) DATE		\	
	Signature, typed or printed name of registered agen	<u> </u>		ent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	)PS IN 12	
12.	D OFFICERS AN	D DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE			1.2 NAME			_ •	_	
NAME	2500 FIRST UNION FINANCIAL	CENTER		ET ADDRESS				
STREET ADDRESS		CENTER						
CITY-ST-ZIP	MIAMI FL 33131-2336	☐ DELETE	1.4 CITY- 2.1 TITLE	51-219		Change	Addition	
TITLE			2.1 IN LE					
NAME							1	
STREET ADDRESS		1		ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	2. 4 CITY		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE		- Detecte					. – .	
NAME	:		3.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-			☐ Change	Addition	
TITLE		□ DELE≀E				□ o.iaiigo		
NAME		1	4. 2 NAM					
STREET ADDRESS	1			ET ADDRESS				
CITY-ST-ZIP				ST-ZIP		Change	☐ Addition	
TITLE		C) Defete	5.1 TITLE 5.2 NAME	1		LJ Shango		
NAME				ET ADDRESS				
STREET ADDRESS				!				
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			Change	Addition	
TITLE		☐ DELETE				L_I change	☐ Addition (	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE	ET ADDRESS			ļ	

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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR