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 # P 98000065006 1. Corporation Name

May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 018 ***150.00

BK	(B rool	Care	TNC							
Principal Plac	ce of Business	Mai	iling Address							
4119 N.W 45th AVE							DO NOT WR	ITE IN THIS	SDACE	
Lauderdale Lakes FL. 33319						3. Date Inco	rporated or Qualifed		SFACE.	
	Place of Business W:W 47り ロリ		Mailing Address りしら いょ	ન પક્ષે		4. FEI Numb		-	J	Applied For
Suite, Apt.			Suite, Apt. #, etc.				of Status Desired		\$8.75	Additional Required
City & Sta		28	City & State	ر ود		1	ampaign Financing Contribution			May Be to Fees
Zip 24 ろうう)		29	^{Zip} - 33519	Country 30	y U.S.		ration owes the curr Property Tax.	rent year Inta	angib¥e IZ Yes	□No
	9. Name and Address of	of Current Registe	ered Agent			10. Name and	Address of New I	Registered A	Agent	
				81	Name					
				82		Address (P.O. Box Nu	imber is Not Accept	able)		
				83	3					
				84	,			FL		Code
11. Pursuant	to the provisions of Sections	s 607.0502 and 607	7.1508 Florida Statu	ites the abov	e-named	corporation submits th	us statement for the	purpose of o	nanging it	s registered
l office or r	registered agent, or both, in t	the State of Florida	. Such change was	authorized by	the corno	pration's board of direct	tors. I hereby accer	of the annoin	tment as r	enistered
agent. I a	registered agent, or both, in the familiar with, and accept the	the State of Florida the obligations of, S	i. Such change was Section 607,0505, Fl	authorized by lorida Statutes	the corpo	pration's board of direc	ctors. I hereby acces	ot the appoin	tment as r	egistered
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Thereby 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.

SIGNATURE: 🖄

(954) 270-0874