


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90026 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000076710**

1. Corporation Name  
**1870 WEST AVENUE CORPORATION**

Principal Place of Business <del>424 PARK PLACE WEST</del> <del>PALM BEACH FL 33401</del>	Mailing Address <del>424 PARK PLACE WEST</del> <del>PALM BEACH FL 33401</del>
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3. Date Incorporated or Qualified  
**09/04/1998**

2. Principal Place of Business 21 <b>1880 WEST AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI BEACH</b> Zip Country 24 <b>33139 PADE</b>	2a. Mailing Address 26 <b>1880 WEST AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI BEACH</b> Zip Country 29 <b>33139 PADE</b>
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4. FEE Numbers  
**59-7143651**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

~~AMERLAWYER~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name **GEORGE A. SWITLYK**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **424 PARK PLACE**  
 84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

11. Pursuant 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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE George A. Switlyk DATE **1/19/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, STANLEY</b>
STREET ADDRESS	<del>424 PARK PLACE WEST</del>
CITY-ST-ZIP	<del>PALM BEACH FL 33401</del>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>SWITLYK, GEORGE A</b>
STREET ADDRESS	<b>424 PARK PLACE, WEST</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, SUZANN</b>
STREET ADDRESS	<del>424 PARK PLACE WEST</del>
CITY-ST-ZIP	<del>PALM BEACH FL 33401</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1880 WEST AVE.</b>
1.4 CITY-ST-ZIP	<del>MIAMI BEACH</del> <b>FL 33139</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1880 WEST AVE.</b>
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 attachment with an address, with all other like empowered.

SIGNATURE: George A. Switlyk DATE **1/19/99** (Box) 674-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE A. SWITLYK President**

CR2E034 (11/98)