FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **627696** **(8)**

1. Corporation Name

4434 SW 59TH, INC.

Principal Place of Business	Mailing Address
1401 E BROWARD BLVD #201 (33301) **P.O. BOX 4369** **FT. LAUDERDALE FL 33301-2100**	**1401 E BROWARD BLVD #201 (33301)** **P.O. BOX 4369** **FT. LAUDERDALE FL 33301-2100**

3. Date Incorporated or Qualified: **06/27/1979**
3a. Date of Last Report: **06/23/1995**

4. FEI Number: **65-0075055** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 133 Flicker Lane	26 P. O. Box 139
Suite, Apt. #, etc. 22 via Plantation Island	Suite, Apt. #, etc. 27
City & State 23 Everglades City	City & State 28 Everglades City
Zip 24 34139 Country 25 Collier	Zip 29 34139 Country 30 Collier

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHANY, EDWARD G.
1401 E BROWARD BLVD., STE 201
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Ruth Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 133 Flicker Lane
83 via Plantation Island
84 City: Everglades City **FL** 85 Zip Code: 34139

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: Ruth Taylor , Ruth Taylor
Signature, typed or printed name of individual with authority to sign

DATE: June 7-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	REED, GILBERT		1.2 NAME	
STREET ADDRESS	WEST BAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND CAYMAN ISLAND		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Gilbert Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gilbert Reed

DATE: MAY 13, 1996

Daytime Phone #