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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000009431

1. Corporation Name

14TH BRICKELL WEST CORPORATION

14111 01	MORELE WEST COM SHAT	11011										
Principal Place of Business Mailing Address							110011001	\$10 1310(BIŞII B311) G1	II.I uu iii uu iii u	Tilb iniii ais		
1177 KANE CONCOURSE 1177 KANE CONCOURSE									,			
SUITE 201 SUITE 201												
BAY HARBOR FL 33154 BAY HARBOR FL 33154								DO NOT WRITE IN THIS SPACE				
								rated or Qualifed				
							02/03/199					
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number	· ·		 	pplied For	
21 26 26							65-05749	00 001 10 12			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of	Status Desired		•	Additional	
22 27											equired	
City & State City & State							6. Election Campaign Financing			\$5.00 May Be		
23		28					Trust Fund C	. – –			to Fees	
Zip	Country	Zip		Con	ntry			tion owes the cum	ent year Inta			
24				30			Personal Property Tax.					
	9. Name and Address of Curre	nt Registere	d Agent		04		10. Name and A	ddress of New H	kegistered /	Agent		
TAD	LINI MANDTINI W				81	Name						
TAPLIN, MARTIN W					82	Street Add	ress (P.O. Box Num	ber is Not Accepta	able)			
1177 KANE CONCOURSE SUITE 201					Ш							
					83							
BAY	HARBOR FL 33154				84	City			·····	85 Zip	Code	
						1			FL		٠	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. S ations of, Sec	uch change was a tion 607.0505, Flo	uthorized rida Stati	i by utes	the corporati	ion's board of directo	rs. I hereby accé	pt the appoir	tment as r	egistered	
12.	OFFICERS A			13.	Agei	n oignatare raqui		HANGES TO OF	FICERS AN	D DIRECT	ORS IN 12	
TITLE	D OTTICERS A	NEO DIRECT	☐ DELETE	1.1 TC	TLE		T - D			☐ Change		
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DAY HADDOD FI						FADDRESS						
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CITY-ST-ZIP												
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NAME			☐ DELETE	4.1 TI 4.2 N	TLE IAME					Change	Addition	
			☐ DELETE	4.1 TI 4.2 N	TLE IAME	ST-ZIP				Change	Addition	
NAME				4.1 TI 4.2 N	TLE IAME TREET	TADDRESS						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.4. C 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N	TLE IAME TY-S TLE AME TREET TY-S	T ADDRESS T-ZIP T ADDRESS					Addition	

 I hereby certify that the information supplied with this indicated on this annual report or supplemental annu officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attachmen fling does not qualify for al report is true and accur trustee empowered to ex y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

63 STREET ADDRESS

6.4 OTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME