PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # K68723



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 01, 1999 8:00 am Secretary of State

05-01-1999 90069 006 ***150.00

TIMOTH'	Y WILCOX, INCORPORATED)							
	•	•			•				
Principal Place	e of Business	Mailing Address							
TIMOTHY WILC		TIMOTHY WILCOX 4299 COLLINS AVE.							
4299 COLLINS MIAMI BCH FL	· · · ·	MIAMI BCH FL 33140				DO NOT WRIT	E IN THIS	SPACE	
US		US				3. Date incorporated or Qualifed			
_						02/17/1989			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		Suite, Apt. #, etc.				65-0154779		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired		Fee_Re	1
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			_	Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	ту		8. This corporation owes the curre	nt year Inta		
24	25		30			Personal Property Tax. 10. Name and Address of New R		Yes	□No
	9. Name and Address of Curren	t Registered Agent		1 Nam		10. Name and Address of New R	egistereu z	igent	
WiLC	COX, TIMOTHY		Ľ		_				
	N BAY RD		8	Stree	et Addres	ss (P.O. Box Number is Not Acceptal	016)		
MIAI	MI BCH FL 33140		E	3					
)	•		[4 City				85 Zip (Code
				1			<u> </u>		
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the abo thorized b	ove-name by the co	d corpor poration	ration submits this statement for the pairs board of directors. I hereby accept	the appoin	manging its tment as re	gistered
	m familiar with and accept the obliga-	tions of Section 607 0505. Flori	da Statut	es					
agent. I a	intratilial with, and accept the obliga	1013 01, 0000011 007.0000, 11011	au Olului						
agent. I a SIGNATURE							DATE		
•	Signature, typed or printed name of registered ager					when reinstating) ADDITIONS/CHANGES TO OFF	DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered ager	n and title if applicable (NOTE:	Registered A	gent signatu		when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN D WILCOX, TIMOTHY	n and title if applicable (NOTE:	Registered A	gent signatur		when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. ·	Signature, typed or printed name of registered ager OFFICERS AN D WILCOX, TIMOTHY 3025 N BAY RD	n and title if applicable (NOTE:	13. 1.1 TITU	gent signatur	e required	when reinstating)	DATE	D DIRECTO	RS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied had 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 andress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS