**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

P98000037436

3161 SW 55 STREET

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90035 012 \*\*\*550.00

COLSTON, INC. Principal Place of Business Mailing Address 9161 SW 55 STREET COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1998 . Principal Place of Business 2a. Mailing Address Applied For 9161 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. - Certificate of Status Desired Fèe Rèquired 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country Country 8. This corporation owes the current year Yes No. Intangible Personal Property. 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COLSTON, CLARK W Street Address (P.O. Box Number is Not Acceptable) 9161 SW 55 STREET COOPER CITY FL 33328 84 Zip Code City 85 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. **IGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE LE PVD DELETE Change Colston, Heidi E. 9161 Sw 55 Street COLSTON, CLARK W 1.2 NAME ME 1.3 STREET ADDRESS 9161 SW 55 STREET REET ADORESS Cooper City, FL 33328 COOPER CITY FL 33328 1.4 CITY-ST-ZIP Y-ST-ZiP 2.1 TITLE LE DELETE Change 2.2 NAME ΜE 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZIP Y-ST-ZIP 3.1 TITLE Change Addition LΕ DELETE 3.2 NAME ИE 3.3 STREET ADDRESS REET ADDRESS 3.4 CITY-ST-ZIP Y-ST-ZIF 4 1 TITLE Æ DELETE \_\_ Change Addition 4.2 NAME Æ 4.3 STREET ADDRESS **EET ADDRESS** 4.4 CITY-ST-ZIP Y-ST-ZIP 5.1 TITLE Change Addition Æ DELETE 5.2 NAME 18 5.3 STREET ADDRESS EET ADDRESS **7-ST-ZIP** 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition F \_ DELETE 6.2 NAME ŧĘ EET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

**IGNATURE:** 

CR2E034 (5/99)