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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 177621



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90003 007 ***150.00

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| | • | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | , | | | |
| ERNIE D. MOTS | | ernie d. Motsinger 4725 n w 36th Avenue | | | | | | |
| 4725 N W 36TH AVENUE MIAMI FL 33142 | | MIAMI FL 33142 | | DO NOT WRITE IN THIS SPACE | | | | |
| * . | | | | 3. Date Incorporated or Qualifed | | | | |
| | • | | | | 03/04/1954 | | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | pplied For | |
| 21 J.K | IM MOTSINGER | | MOTSI. | NEER | NOT APPLICABLE | | lot Applicable | |
| Suite, Apt. | | Suite, Apt. #, etc. | | A . / m | 5. Certificate of Status Desired | * | Additional Required ==================================== | ے: |
| 22 4721 | | 27 4725 N.L |) . <u>- 36-</u> | -HVE. | | | · · · · · · · · · · · · · · · · · · · | _ |
| City & State | | City & State | F | C. | 6. Election Campaign Financing Trust Fund Contribution | | May Be I to Fees | |
| 23 MIA 1 | Country | Zip Zip | Country | | This corporation owes the current year in | | 110 1 003 | |
| 24 3314 | ` ` ` ` ` ` | | 30 V. | S. A. | Personal Property Tax. | Yes | □No | |
| 4 3314 | 9. Name and Address of Current | <u> </u> | <u>~~, </u> | <u> </u> | 10. Name and Address of New Registered | Agent | | |
| | | | 81 | Name | | | | |
| | SINGER, J. KIM | | 82 | Street A | dress (P.O. Box Number is Not Acceptable) | | | |
| 631 | ORIOLE AVENUE | | 02 | Street Ad | idress (P.O. Box Number is Not Acceptable) | | ĺ | |
| MIAN | vii springs FL 33166 | | 83 | | | | | |
| | • | | 0.4 | 0.4 | | 85 Zip | Code | |
| | · | | 84 | City | FL | _ 65 210 | Code | |
| | to the provisions of Costinue 607.0502 | and 607 1509. Florida Statuter | s the above | e-named co | emoration submits this statement for the numose of | changing it | s registered | |
| office or r | egistered agent, or both, in the State o m familiar with, and accept the obligati | ons of, Section 607.0505, Flori | thorized by da Statutes | the corpora | orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo | changing it intment as r | s registered egistered | |
| office or n agent. I a | egistered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent | ons of, Section 607.0505, Floricand title if applicable. (NOTE: I | thorized by da Statutes | the corpora | emoration submits this statement for the numose of | nument as r | egistered | |
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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: