Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 310399**

Principal Place of Business	Mailing Address					
C/O RICHARD B. DOYLE 58 CAMDEN DRIVE IAL HARBOUR FL 33154	C/O RICHARD B. DOYLE 158 CAMDEN DRIVE BAL HARBOUR FL 33154					
	2a. Mailing Address					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.  City & State	26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State					

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90202 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

40

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

10/24/1966 4. FEI Number

59-0613194

DOYLE, RICHARD B. 158 CAMDEN DRIVE				1	•			
			82	Street /	reet Address (P.O. Box Number is Not Acceptable)			
BAL	HARBOUR FL 33154		83					
			84	City			85 Zij	Code
•						FL		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was a	uthorized by	the corpo	corporation submits this statement for the properties of the properties of directors. I hereby accept	irpose of o the appoin	changing i tment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Age	nt signature r	required when reinstating)	DATE		\
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Chang	Addition
NAME	DOYLE, RICHARD B.		1.2 NAME					
STREET ADDRESS	158 CAMDEN DR		1.3 STREE	T ADDRESS				,
CITY-ST-ZIP	MIAMI FL		1,4 CITY-5	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME.	DOYLE, JAMES E.		2.2 NAME					ì
STREET ADDRESS	158 CAMDEN DR		2.3 STREE	T ADDRESS				
_CITY-ST-ZIP	MIAMI FL		. 2.4 CITY-	ST-ZIP	ļ ,			
TITLE	TD	☐ DELETE	3.1 TITLE				Change	Addition
NAME	WILLER, JOHN A.		3.2 NAME					
STREET ADDRESS	113 N.E. 105 ST		3.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		******		Chang	B ☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP	•		4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Chang	e Addition
NAME			5.2 NAME		-			
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP	•		5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Chang	e 🔲 Addition
NAME			6.2 NAME					ŀ
STREET ADDRESS	•		6.3 STREE	T ADDRESS				1
CITY-ST-ZIP	A CONTRACTOR OF THE STATE OF TH		6.4 CITY-5					
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify fo	r the exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I f	urther cert	ify that the	information

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 Chapter 6, room an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR