


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90079 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 328175**  
 1. Corporation Name  
**FILCO, LTD.**

Principal Place of Business 990 NORTH HOMESTEAD BOULEVARD HOMESTEAD FL 33090	Mailing Address 10775 CARIBBEAN BLVD. ATTN: DENNY NEWMAN MIAMI FL 33189
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3380 Fairlane Farms Road Suite, Apt. #, etc. 22 Suite #1 City & State 23 Wellington, Florida Zip 24 33414 Country 25 USA	2a. Mailing Address 26 3380 Fairlane Farms Road Suite, Apt. #, etc. 27 Suite #1 City & State 28 Wellington, Florida Zip 29 33414 Country 30 USA	3. Date Incorporated or Qualified 03/28/1968	4. FEI Number 59-1204655	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent LEEMON, P.A. 10775 CARIBBEAN BLVD. MIAMI FL 33189	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3380 Fairlane Farms Road 83 Suite #1 84 City Wellington FL 85 Zip Code 33414
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11. 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.

SIGNATURE *P.A. Leemon* P.A. Leemon DATE 1-28-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEMON, P. A.	1.2 NAME	
STREET ADDRESS	10775 CARIBBEAN BLVD	1.3 STREET ADDRESS	3380 Fairlane Farms Road #1
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Wellington, Florida 33414
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEMON, CHARLES III	2.2 NAME	
STREET ADDRESS	17704 S. W. 83RD CT.	2.3 STREET ADDRESS	15850 Britten Lane
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Wellington, Florida 33414
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEMON, LINDA L.	3.2 NAME	
STREET ADDRESS	17704 S W 83RD CT	3.3 STREET ADDRESS	15850 Britten Lane
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Wellington, Florida 33414
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Linda L. Leemon* DATE 1-28-99 DAYTIME PHONE # **XXXXXXXX**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)