

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90181 039 \*\*\*150.00

0233963

<b>PROFIT*</b> <b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 341703**  
 1. Corporation Name  
**999 OF BROWARD INC**

Principal Place of Business <b>6540 WEST SUNRISE BLVD.                  PLANTATION FL 33313</b>	Mailing Address <b>6540 WEST SUNRISE BLVD.                  PLANTATION FL 33313</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/17/1969</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1286482</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ZIEMBA, ALBERT J</b> <b>6540 W. SUNRISE BLVD.</b> <b>PLANTATION FL 33313</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
T NAME: COURT, GEORGE STREET ADDRESS: 541 NW 65TH AVE CITY-ST-ZIP: FORT LAUDERDALE, FL00000	<input checked="" type="checkbox"/> DELETE	T 1.1 TITLE: COURT, GEORGE 1.2 NAME: COURT, GEORGE 1.3 STREET ADDRESS: 541 NW 65TH AVENUE 1.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: COURT, GEORGE STREET ADDRESS: 541 NW 65TH AVE CITY-ST-ZIP: FORT LAUDERDALE, FL00000	<input checked="" type="checkbox"/> DELETE	D 2.1 TITLE: COURT, GEORGE 2.2 NAME: COURT, GEORGE 2.3 STREET ADDRESS: 541 NW 65TH AVENUE 2.4 CITY-ST-ZIP: FT LAUDERDALE, FL 33317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: ZIEMBA, ALBERT STREET ADDRESS: 6540 W. SUNRISE BLVD. CITY-ST-ZIP: FORT LAUDERDALE, FL00000	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: ZIEMBA, ALBERT STREET ADDRESS: 6540 W. SUNRISE BLVD. CITY-ST-ZIP: FORT LAUDERDALE, FL00000	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] (954) 581-7540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)