**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90158 034 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999	
DOCUMENT #  1. Corporation Name	345188

FIRST FOURTY CORPORATION OF FLORIDA

Principal Place	of Business	Mailin	g Address				- 1	**************************************				
THE DISCRETE HERE OF THE			444 BRICKELL AVE., STE. P-6									
MIAMI FL 33131 MIAMI FL 33131							DO NOT	WRITE IN TH	IS SPACE		٦.	
							Γ	<ol><li>Date Incorporated or Qua</li></ol>	ifed			1
,							]	04/25/1969				1
2. Principal Pl	lace of Business	2a. Ma	ailing Address				_	4. FEI Number		<del></del>	oplied For	1
21		26	26				<u>59-1264425</u>			ot Applicable	4	
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆		Additional	1	
22		27									equired	4
City & State	·	cli	y & State					<ol><li>Election Campaign Finance</li></ol>	ing		May De	4
23	·	28					_+	Trust Fund Contribution			to Fees 🔨	4
Zip	Country	Ziç	•		untry			8. This corporation owes the	current year	Intangible Yes	□No	
24	25	29		30			بلب	Personal Property Tax.	DI-4		DNO	┨
	9. Name and Address of Curren	t Registers	ed Agent		81	Name	1	10. Name and Address of N	ew Kegister	to vilant		1
	0.014 148 0505 0 00						ł R.	Cooper				j
	COM, WILBERT O DR				B2	Street Ad	dress	(P.O. Box Number is Not Ac	ceptable)	-		1
	MIAMI CENTER					Suite	<u> P-</u>	<u>6. 444 Brickell</u>	_Ave			ł
	S. BISCAYNE BLVD				83							}
MIAN	III FL 33131				84	City				85 Zip	Code	1
					1 1		Ĺ		F	<u>L 133</u>	L31	⇃
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607	508, Florida Statut	es, the a	bove-	named co	orporat	tion submits this statement to board of directors. I hereby:	r the purpose iccept the ap	of changing its nointment as re	registered idistered	
office or ri	egistered agent, or both, in the state of	OI LICHION S	DUCH CHANGE MAD A				u.,,,,,				•	
i adent. Lai	m taggitar with and acceptage congar	biological of , Se	ction 607.0505, Flo	ırida Stat	lutes.	, c co.po.c						
•	m tassitar with, and accept the couldar	ions of, Se	$n \sim e \sim$						April 2	8th. 199	39	}
SIGNATURE	Signature, typed or printed name of registered agent	t and title if app	Hoate (NOTE	Registered				en reinstating)	April 2	8th, 199	<u> </u>	8
SIGNATURE	Jal K	t and title if app	ICATE (NOTE	Registered	d Agent s				April 2	AND DIRECTO	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered agent	t and title if app	Hoate (NOTE	Registered 13.	Agent s			en reinstating)	April 2	8th, 199	<u> </u>	1 (11/98)
SIGNATURE	Sign-etons, typed or printed name of regulated agent OFFICERS AN	t and title if app	ICATE (NOTE	13. 1,1 Ti 1,2 Ni	Agent s	pgrature requ	ured who	en reinstating) ADDITIONS/CHANGES TO	April 2 OATE OFFICERS	AND DIRECTO	ORS IN 12	034 (11/98)
SIGNATURE 12.	Suphwitters, typeed or printed name of regulatored agent OFFICERS AN	t and title if app	ICATE (NOTE	13. 1,1 Ti 1,2 Ni	Agent s	populare requi	444	en reinstating)  ADDITIONS/CHANGES TO  Brickell Ave.	April 2 OATE OFFICERS	AND DIRECTO	ORS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Statement, typed or printed name of regulatered agent OFFICERS AN V BISHOPRIC, KAPIL	t and title if app	ORS DELETE	13. 1.1 Tr 1.2 Nr 1.3 St 1.4 Cr	TAGENT STATE	populare requi	444	en reinstating) ADDITIONS/CHANGES TO	April 2 OATE OFFICERS	AND DIRECTO	DRS IN 12	CR2E034 (11/98)
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CITY-ST-ZP 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 indicated 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.

0.0.070	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	Date	Daytime Phone #	
SIGNATURE:	<u> </u>	\	4/28/99	(305) 349-1544	
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6.4 CITY-ST-ZIP