

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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 351846

1. Corporation Name
 INACTIVE CORPORATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % DAVID B. MCCAIN, ESQ. 700 N.W. 107TH AVENUE MIAMI FL 33172
 Mailing Address: % DAVID B. MCCAIN, ESQ. 700 N.W. 107TH AVENUE MIAMI FL 33172

3. Date Incorporated or Qualified: 09/08/1969

2. Principal Place of Business: 21 700 NW 107 Avenue, 22 Suite, Apt. #, etc., 23 Miami FL, 24 Zip 33172, 25 Country USA
 2a. Mailing Address: 26 700 NW 107 Avenue, 27 Suite, Apt. #, etc., 28 Miami FL, 29 Zip 33172, 30 Country USA

4. FEI Number: 59-1275889
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Imposable Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: MCCAIN, DAVID B., ESQ. 700 NW 107TH AVENUE MIAMI FL 33172

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLOTIN, IRVING	2.2 NAME	McCAIN, DAVID B
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	2.3 STREET ADDRESS	700 NW 107 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL 33172
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, WAYNEWRIGHT	3.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, J A	4.2 NAME	PEKOR, Allan J.
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	4.3 STREET ADDRESS	700 NW 107 Avenue
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	Miami FL 33172
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIERRA, E. KATHLEEN	5.2 NAME	
STREET ADDRESS	700 NW 107TH AVE, 4TH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A	6.2 NAME	Miller, Stuart A.
STREET ADDRESS	700 N.W. 107TH AVENUE	6.3 STREET ADDRESS	700 NW 107 Ave
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami FL 33172

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: _____ 1/21/99 305-229-6400

CR2E034 (11/98)