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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90018 035 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 352731

1. Corporation Name

STREET ADDRESS

ATTITUDE IMPROVERS INC.

Principal Place	e of Business	Mailing Address						
		9895 S W 80TH DRIVE						
		MIAMI FL 33173			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THO OF FIOL		ĺ
					09/23/1969			l
		1 - 1, A (1)			4, FEI Number	Δε	plied For	
2. Principal Place of Business 2a. Mailing Address						1 	t Applicable	1 Feet.
:1		26			59-1272225			1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	= 1		5. Certificate of Status Desired Fee Required			
22		27			<u> </u>			
City & State		City & State	· 		6. Election Campaign Financing	\$5.00 Added		
		28			Trust Fund Contribution		.01665	ĺ
Zip Country		Zip	_		8. This corporation owes the current year	ir intangible (X) Yes	□No	Ì
24	25	29	30	r	Personal Property Tax.			
	9. Name and Address of Curr	rent Registered Agent		94 No	10. Name and Address of New Registe	en whalir		l
				81 Name				
	NLEY,ORVILLE L			82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	S SW 80TH DR.							ł
MAN	M FL 33173			83	· · · · · · · · · · · · · · · · · · ·			
				84 63			Code	1
				84 City		FL	0000	
	to the provisions of Sections 607 (502 and 607 1508 Florida St	atutes the a	bove-named corr	poration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing its	registered	1
					ion's board of directors. I hereby accept the a	ppointment as re	gistered	Ì
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505.	, Florida Sta	tutes.				ľ
SIGNATURE			HOTE: Desisters	d Agent signature require	od when reinstation).	E		۔ ا
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN 12	ا ر
12.	OFFICERS	DELETI		ITLE	1 1 17 9 5 t	Change	Addition	
TITLE	COOM EV ODVINE I			IAME				5
NAME.	COONLEY, ORVILLE L			TREET ADDRESS				}
STREET ADDRESS	1							3
CITY-ST-ZIP	MIAMI FL	C) OCIET		CITY-ST-ZIP		Change	Addition	1 ?
TITLE	VD	☐ DELET		TITLE	•	_ ,		1
NAME	PRATT,F JOSEPH			NAME				
STREET ADDRESS	12435 SW 31 ST.		2.3 9	STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP		- Char	Addition	-
TITLE .	S	☐ DELET	E 3.11	TITLE		⁻ ☐ Change	□ Addition	
NAME :	COONLEY, VIRGINIA A		3.2	NAME				
STREET ADDRESS	COOF OW COTH DD		3.3	STREET ADDRESS	e e e e		10 6 16 174	
	MIAMI FL		3.4.	CITY-ST-ZIP		<u> 14.52 - 다양</u>		_
CITY-ST-ZIP TITLE	D	☐ DELET		TITLE	1 1 2 2 3 4 4 5 5 6	🔭 🗜 🔲 Change	Addition	-
	COONLEY, VIRGINIA A	_	4.2	NAME				
NAME	COOK OW COTH DD			STREET ADDRESS				1
STREET ADDRESS		·						Ι.
City-St-ZIP	MIAMI FL	☐ DELET		CITY-ST-ZIP		☐ Change	Addition	1
TITLE			ı.	NAME			_	
NAME				STREET ADDRESS				
STREET ADDRESS					in the state of			"
CITY-ST-ZIP				CITY-ST-ZIP		☐ Change	Addition	1
TITLE		☐ DELET	~ I	TITLE		Criange		1
NAME				NAME				
	1. '		6.3	STREET ADDRESS				1

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.