Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 452802

1, Corporation Name

Suite, Apt. #, etc.

SIGNATURE:

23

24

YELLOW STRAWBERRY INVESTMENT COMPANY

Principal Place of Business	Mailing Address		
1007 E. LAS OLAS BLVD. FORT LAUDERDALE. F 33301	1007 E. LAS OLAS BLVD. FORT LAUDERDALE. F 33301		
2. Principal Place of Business	2a. Mailing Address		

29 9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

27 City & State City & State 28 Zip Country Country Zip 30 25

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90033 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible Personal Property Tax. Yes

10. Name and Address of New Registered Agent

05/06/1974 4. FEI Number

59-1534207

BRIGGS, JESSE L. 1007 E. LAS OLAS BLVD. FORT LAUDERDALE FL 33301			2 Street Address (P.O. Box Number is Not Acceptable)					
		84	City	FL 85 Zip C	ode			
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  Slonature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS 1:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE		TITLE		Change	Addition			
NAME I	BRIGGS, JESSE 12	1.2 NAME						
STREET ADDRESS	1245 T 446 GIAG BIAD	STREET	ADDRESS					
CITY-ST-ZIP		CITY-S	r-ZIP					
TITLE		2.1 TITLE		☐ Change	☐ Addition			
NAME	BRIGGS, BLANCA F. 22	2.2 NAME						
STREET ADDRESS	1007 E. LAS OLAS BLVD	2.3 STREET						
CITY-ST-ZIP	FORT LAUDERDALE FL 2.	CITY-S	T-ZIP		-			
TITLE	☐ DELETE 3.1	3.1 TITLE		☐ Change	☐ Addition			
NAME	3.2	3.2 NAME						
STREET ADDRESS	3.3	STREET	ADDRESS					
CITY-ST-ZIP	34	CITY-S	T-ZIP					
TITLE	☐ DELETE 4.1	4.1 TITLE		☐ Change	☐ Addition			
NAME	4.2	4. 2 NAME						
STREET ADDRESS	4.3	STREET	ADDRESS					
CITY-ST-ZIP		CITY-S	r-ZiP					
TITLE		5.1 TITLE		☐ Change	Addition			
NAME		NAME						
STREET ADDRESS	5.3	STREET	ADDRESS					
CITY-ST-ZIP		5.4 CITY- ST						
TITLE		6.1 TITLE		☐ Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS .						
CITY-ST-ZIP		CITY-S		The state of the s	fa			
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 advisual 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 of 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, of on an attachment with an address, with all other like empowered.								

81 Name