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

**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT # 485196** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90011 038 \*\*\*150.00

| 1. Corporation  | Name TOO TOO   |                                       |   |                                       |                 |   |              |                |                             |
|---|--|---------------------------------------|---|---------------------------------------|-----------------|---|--------------|----------------|-----------------------------|
| ANACON  | DA REALTY CO.  |                                       |   |                                       |                 |   |              |                |                             |
| 7.11.11.10.01.1   |  |                                       |   |                                       |                 | # 100 kis 0 1001 10101 01101 11010 1011   |              | AH AHAH AHAH P | HAN ANN HAN                 |
|   |  |                                       |   |                                       |                 |   |              |                |                             |
| Principal Place   |  |                                       |   | † 1981li Annas Lasas anias sintu inti | A Bitt Astri At | 111 A1211 A1211 I   |              |                |                             |
| Principal Place of Business Mailing Address  1881 NE 26 ST. 1881 NE 26 ST |  |                                       |   |                                       |                 |   |              |                |                             |
| SUITE 244-C SUITE 244-C   |  |                                       |   |                                       |                 |   |              |                |                             |
| FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305                           |  |                                       |   |                                       |                 | DO NOT WRITE IN THIS SPACE  |              |                |                             |
| US US   |  |                                       |   |                                       |                 | 3. Date Incorporated or Qualifed  |              |                |                             |
|   |  |                                       |   |                                       |                 | 09/29/1975  |              |                | -0-45                       |
| 2. Principal Pi   | ace of Business  | <b>—</b>                              |   |                                       |                 | 4. FEI Number   |              | , <u>, ,</u>   | oplied For<br>ot Applicable |
| 21)   |  | 26 Suite Ant # ata                    | Suite, Apt. #, etc.                           |                                       |                 | 59-1626542  |              | \$8.75         |                             |
| Suite, Apt. #, etc.   |  | <b>⊢</b>                              | _ ' ' '                                       |                                       |                 | 5. Certifcate of Status Desired   |              | Fee Re         | I .                         |
| City & State  |  | City & State                          | City & State                                  |                                       | <u> </u>        | 6. Election Campaign Financing  |              | -              |                             |
| ¬ ·   |  | 28                                    | ¬ ′   |                                       |                 | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees |              |                |                             |
| 23  <br>Zip   | Country  | Zip                                   | Country                                       | <del></del>                           |                 | 8. This corporation owes the curre  | nt year Inta | ingible        |                             |
| 24  | 25   | 29 30                                 | آ آ   |                                       |                 | Personal Property Tax.  | •            | Yes            | <b>X</b> No                 |
| <b>Z-4</b> ]  | 9. Name and Address of Curren  |                                       | <u>,                                     </u> |                                       |                 | 10. Name and Address of New Ro  | gistered /   | Agent          |                             |
| -2  |  |                                       | 81  | Name                                  |                 |   |              |                |                             |
| Fisher, gary k  |  |                                       | 02  | Ctrook                                | Addes           | ss (P.O. Box Number is Not Acceptate  | ale)         |                |                             |
|   | NE 57 PLACE  |                                       | 82 Street Add                                 |                                       | - Audi es       | SS (F.O. BOX NUMBER IS NOT ACCEPTANT  | ,,,,         |                |                             |
| FT. LAUDERDALE FL 33334   |  |                                       | 83  | 1                                     |                 |   |              |                |                             |
|   |  |                                       |   | 0                                     |                 |   |              | or 7in         | Code                        |
|   |  |                                       | 84 City                                       |                                       |                 |   | FL           | 85 Zip (       | -                           |
| 11. Pursuant  | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes,     | the abov                                      | e-named                               | corpor          | ration submits this statement for the p   | urpose of    | changing its   | registered                  |
| office or o   | to the provisions of Sections 607.050.<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligat | of Florida. Such change was auth      | iorized by                                    | the corpo                             | oration         | 's board of directors. I hereby accept  | the appoir   | itment as re   | gistered                    |
| _   | Ti tattillai witti, and accept the obligat   | 10113 01, DOOROT 001.0000, 1 tottal   | u olululo                                     | •                                     |                 |   |              |                | l                           |
| SIGNATURE   | Signature, typed or printed name of registered agen  | it and title if applicable. (NOTE: Re | egistered Age                                 | ent signature re                      | equired v       | when reinstating)   | DATE         |                |                             |
| 12.   | OFFICERS AN  | D DIRECTORS                           | 13.   |                                       |                 | ADDITIONS/CHANGES TO OFF  | ICERS AN     | ~~             |                             |
| TITLE   | _  |                                       | 1.1 TITLE                                     |                                       |                 |   |              | ☐ Change       | ☐ Addition                  |
| NAME  | FIŞHER, GARY K.  |                                       |   |                                       |                 |   |              |                | ļ                           |
| STREET ADDRESS  | 7.00 7.00 0.7 0.100  |                                       | 1.3 STREE                                     | ET ADDRESS                            |                 |   |              | •              | ļ                           |
| CITY-ST-ZIP   |  |                                       | 1.4 CITY-S                                    | ST-ZIP                                |                 |   |              |                |                             |
| TITLE   | VS □ DELETE 2.1  |                                       | 2.1 TITLE                                     | 2.1 TITLE                             |                 |   |              | Change         | ☐ Addition                  |
| NAME  | EDWARDS, LEROY G., JR.   |                                       | 2.2 NAME                                      |                                       |                 |   |              |                |                             |
| STREET ADDRESS  | 1801 N.E. 28TH DRIVE   |                                       | 2.3 STREE                                     | .3 STREET ADDRESS                     |                 | •   |              |                |                             |
| CITY-ST-ZIP   | FT. LAUDERDALE FL  |                                       | 2.4 CITY-                                     | ST-ZIP                                |                 |   |              |                |                             |
| TITLE   | DELETE 31  |                                       | 3.1 TITLE                                     | [                                     |                 |   |              | Change         | Addition                    |
| NAME  |  |                                       | 3.2 NAME                                      |                                       |                 |   |              |                |                             |
| STREET ADDRESS  |  |                                       | 3.3 STREE                                     | T ADDRESS                             |                 |   |              |                | Ì                           |
| CITY-ST-ZIP   |  |                                       | 3.4. CITY-ST-ZIP                              |                                       |                 |   |              |                |                             |
| TITLE   |  | ☐ DELETE                              | 4.1 TITLE                                     |                                       | !               |   |              | ☐ Change       | ☐ Addition                  |
| NAME  |  |                                       | 4. 2 NAME                                     | .                                     |                 |   |              |                | Į                           |
| STREET ADDRESS  | ,  |                                       | 4.3 STREE                                     | TADDRESS                              |                 |   |              |                |                             |
| CITY-ST-ZIP   |  |                                       | 4.4 CITY-5                                    | ST-ZIP                                |                 |   |              | Delana         | T Addition                  |
| TITLE   |  | ☐ DELETE                              | 5.1 TITLE                                     |                                       |                 |   |              | ☐ Change       | Addition                    |
| NAME  |  |                                       |   | 5.2 NAME                              |                 |   |              |                | }                           |
| STREET ADDRESS  |  |                                       | 1   | TADORESS                              |                 |   |              |                | ļ                           |
| CITY-ST-ZIP   | r  |                                       | 5.4 CITY-5                                    | ST-ZIP                                |                 |   |              | Chance         | - Addition                  |
| TITLE   |  | ☐ DELETE                              | 6.1 TITLE                                     |                                       |                 |   |              | Change         | ☐ Addition                  |
| NAME  |  |                                       | 6.2 NAME                                      |                                       |                 |   |              |                |                             |
| STREET ADDRESS  |  |                                       | 6.3 STREE                                     | ET ADDRESS                            |                 |   |              |                |                             |

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.

6.4 CITY-ST-ZIP

**SIGNATURE:**