## 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 # 526606 1. Corporation Name

COUNTY FRAME OF FLORIDA, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90133 042 \*\*\*150.00

Principal Place 2060 JOHNSON HOLLYWOOD F	I ST	Mailing Address 2060 JOHNSON ST HOLLYWOOD FL 33020					
- NOLL HOOD F	E 4405A	11000111000112 00000			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 02/16/1977		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Aı	oplied For
21		26			59-1728154	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		City & Canta					equired - ·
- City & State	e · · · · · · · ·	City & State			6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	y .	8. This corporation owes the current year		
24	25	·	30	•	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere	d Agent	
		<u> </u>	81	Name			
<b>.</b>	NT, HOWARD		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	) JOHNSON ST			Olicot 7 to			
HOL	LYWOOD FL 33020		83	3			
			84	City		85 Zip	Code
			1	1	<u> </u>		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the above	ve-named co	rporation submits this statement for the purpose	of changing its	s registered
		of Elorida. Such change were at					
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was au ations of, Section 607.0505, Flor	ida Statute	y ine corpora S.	stion's board of directors. I hereby accept the app	on anom as ,	sgistored
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agent. I a	rn familiar with, and accept the obligation of registered age.	ent and title if applicable. (NOTE:	Registered Age	<b>S</b> .	ired when reinstating) DATE		
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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 extactorized with an address, with all other like empowered.

SIGNATURE:

SATURED REPORTED AND SIGNING OFFICER OR DIRECTOR

TRANT 4/13/99

454-6900 Daytime Phone # CR2E034 (11/98)