## 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 #

Corporation Name

JOHN CA	SSIDY INTERNATIONAL, IN	G.				 	D &		I BIRIL LEBI
		. <u> </u>	· •						
Principal Place	of Business	Mailing Address				<b>}</b>			
3680 N.W. 73RD		4811 ROOSEVELT STREE	Ŧ			·			
MIAMI FL 33147		HOLLYWOOD FL 33021				DO NOT WE	RITE IN THIS S	PACE	·
US	•	•				3. Date Incorporated or Qualife		i in	-
				*	-	06/30/1977	;	1 1 11	
	er en				<del></del>	4. FEI Number		Appli	ed For
2. Principal Pla	ce of Business	2a. Mailing Address				59-1790932		1 Not A	Applicable
21		26				<del></del>		\$8.75 Add	ditional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired		Fee Requ	uired
22		27 St. 8 State				6. Election Campaign Financin	g _ ;	\$5.00 M	lay Be
City & State		City & State				Trust Fund Contribution	a 🗆 📜	Added to	
23		28		ountry		8. This corporation owes the c	urrent year Inta	ngible	\
Zip	Country	Zip	30	,		Personal Property Tax.	ě.	∐ Yes i L	No
24	25	29	1301	$\top$	<del></del>	10. Name and Address of Nev	w Registered A	gent il	
	9. Name and Address of Current	r Kegisteren Agent		81 N	Name			) " "	
040	SIDY, JOHN H				5	ess (P.O. Box Number is Not Acce	entable)	<u> </u>	
	N.W. 73RD ST	Y.,		82 5	Street Addre	ess (P.O. Box Number is Not Ness	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19.60.6	13.15.
	AI FL 33147	•		83			11.60		
MIAN	MI FL 33141						<u> </u>	85 Zip Co	ode
		•	•		City	,	FL	·	
		o Looz #500 Florido Sta	tutes the	above-n	named corp	oration submits this statement for	the purpose of	changing its r	egistered
11. Pursuant 1	to the provisions of Sections 607.050	of Florida. Such change was	s authoriz	ed by the	e corporation	on's board of directors. I hereby ac	cept the appoin	ilineni as regi	istered.
	Suistalen agent, or both, in the	4 of Continu 607 0505	Florida St	ratilites.				1 10 10 11	<b>I</b>
US agent. Lar	m familiar with, and accept the obliga-	mons of, Section dor losco,	Tonda of	idioioo.	•			1 at 13	. ~
I	to the provisions of Sections 607,050 agistered agent, or both, in the State in familiar with, and accept the obligations.					d when minetation)	DATE	: 1	
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SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	OTE: Register			d when minetation)	DATE	: 1	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (No	OTE: Register	ared Agent s		d when minetation)	DATE	I'! ID DIRECTOR	RS IN 12
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90032 032 \*\*\*150.00