PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 575600

, :			
Principal Place of Business	Mailing Address		
6262 SUNSET DR. PH 1 MIAMI FL 33143	6262 SUNSET DR., PH 1 MIAM! FL 33143		
2. Principal Place of Business	2a. Mailing Address		_
21	26		_
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
	28		
Zip Country	Zip	Country	,
25	29	30	-
9. Name and Address of Cu	rrent Registered Agent		
		81	Name
marbert, Jeanette E.		92	Stroot Ac

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90135 014 ***150.00



			•						
DO NOT WRITE IN THIS SPACE									
3.	Date Incorporated or Qualifed		·						
	06/13/1978								
4.	FEI Number		Applied For						
	59-1918542		Not Applicable						
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required						
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees						
8.	This corporation owes the curr	ent yea	r Intangible						
	Personal Property Tax.		☐ Yes ☐ No						
10.	Name and Address of New Registered Agent								

ress (P.O. Box Number is Not Acceptable) 6262 SUNSET DR., PH 1 **MIAMI FL 33143** 83 Zip Code 84 City 85

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition					
NAME .	RISHELL, PAUL W		1.2 NAME								
STREET ADDRESS	6262 SUNSET DRIVE, PH 1		1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP								
TITLE	T	☐ _K DELETE	2.1 TITLE	CFO CARL PRESE	☐ Change	Addition					
NAME	KREVAT, STEVE		2.2 NAME	W. CARL DREW		ĺ					
STREET ADDRESS	6262 SUNSET DR, PH 1		2.3 STREET ADDRESS	6262 SUNSET DR, PH 1							
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MIAMI, FL 33143	•						
TITLE	AS	☐ DELETE	3.1 TITLE		Change	☐ Addition					
NAME	KINCKE, VICTORIA J		3.2 NAME	•							
STREET ADDRESS	6262 SUNSET DRIVE, PH 1		3.3 STREET ADDRESS		1						
CITY-ST-ZIP	MIAMI FL 33143		3.4. CITY-ST-ZIP								
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition					
NAME	NASH, CRAIG M.		4. 2 NAME	,							
STREET ADDRESS	6262 SUNSET DR., PH 1		4.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP								
TITLE ·	AS	☐ DELETE	5.1 TITLE		Change	Addition					
NAME	. West, Jennifer A		5.2 NAME		• • •						
STREET ADDRESS	6262 SUNSET DRIVE PH1	,	5.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33143	· 	5.4 CITY-ST-ZIP								
TITLE	VS	☐ DELETE	6.1 TITLE	EVP/S	ሺ Change	Addition					
NAME	MARBERT, JEANETTE E.		6.2 NAME								
STREET ADDRESS	6262 SUNSET DR., PH 1		6.3 STREET ADDRESS	· ·	•						
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	The state of the s							

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.

4/6/99

(305) 666-1861

Daytime Phone #