## 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 # 586051

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

Principal Place 12955 S.W. 84 MIAMI FL 3315	AVE. RD.	Mailing Address 12955 S.W. 84 AVE. RD. MIAMI FL 33156				
MINIMI 12 33130					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/05/1978	
2. Principal Place of Business		2a. Mailing Address 26				oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional equired
City & State		City & State			6 Election Compaign Financing \$5.00	May Be
23		28				to Fees
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year Intangible Personal Property Tax.	□No
24	9. Name and Address of Curre	<del>                                   </del>	30		10. Name and Address of New Registered Agent	
	5. Name and Address of Curre	III Negistereo Agent	8.	1 Name	To Hame and House of How Hogers	<del></del>
FERGUSON, DAVID W 13720 SW 103RD PLACE		82 Street Add		ess (P.O. Box Number is Not Acceptable)		
	MI FL 33176	•	8:	83		_ <del>.</del>
		84	4 City	FL  85  Zip	Code	
agent. I a SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable.  (NOTE:	Registered Ag	ent signature required		_ <del></del>
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PD DAVID W	☐ DELETE	1.1 TITLE	- 1	☐ Change	Addition \
NAME	FERGUSON, DAVID W.			: 1	,	ł
STREET ADDRESS	12955 S.W. 84 AVE. RD.		1.2 NAME		•	
CITY-ST-ZIP	MIAMI FL 33156		1.3 STRE	ET ADDRESS		
TITLE		T pri ste	1.3 STRE	ET ADDRESS ST-ZIP	□ Channa	Addition
	STD EEDCHSON SANDDA B	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE	ET ADDRESS ST-ZIP	☐ Change	☐ Addition
NAME	FERGUSON, SANDRA B.	☐ DELETE	1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	☐ Change	☐ Addition
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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 comporation 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 Chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 City-ST-ZIP

**SIGNATURE** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90183 033 \*\*\*150.00