:OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FORT LAUDERDALE FL 33306			83					
			84	City	85 Zip Code			
				<u> </u>	FL 03 2.55 Section 1			
office or	to the provisions of sections 607.0502 and 607.150 registered agent, or both, in the State of Florida. Su am familiar with, and accept the obligations of, sections.	ch change was autho	onzed by	/ the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered			
NATURE .		WOTE 5			re required when reinstating DATE			
	Signature, typed or printed name of registered agent and title if application of the state of th		Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
	S	DELETE	1.1 TITLE		Change Addition			
:	<del>-</del>	L. DELETE	1.2 NAME	J	Charge C radiion			
= 1	LAMARR, JACK P.							
ET ADDRESS	2601 E OAKLADN APRK BLVD STE 501	I		TADDRESS				
ST-ZIP	FT LAUDERDALE FL		1.4 CITY-S	i-ZIP	Change Addition			
i	PD	Lan DELETE	2,1 TITLE		Change  Addition			
Ē	LA MARR, JACK P		2.2 NAME					
ET ADDRESS	2601 E_OAKLAND PARK BLVD_STE 501		2.3 STREET	T ADDRESS	and the control of th			
ST-ZIP	FT LAUDERDALE FL	<u></u>	2.4 CITY-S	ſ-ZIP				
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=		DELETE	5.1 TITLE		Change Addition			
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·ST-ZIP			5.4 CITY-S	T-ZIP	·			
:		DELETE	6.1 TITLE		Change Addition			
E			6.2 NAME					
ET ADDRESS			6.3 STREET	T ADDRESS				
.ST-7iP			6.4 CITY-S		·			
1 horoby co	ertify that the information supplied with his filing doe	s not qualify for the ex	xemption	stated in	section 119.07(3)(i), Florida Statutes. I further certify that the information			
	on this annual report or suppliemental annual report or director of the corporation of the receiver or trust 2 or Block 13 if changed, or an an attachment with a	is true and accurate se empowered to exe an address.	ecute thi	i my signa is report as	ature shall have the same legal effect as if made under cath; that I am is required by Chapter 607, Florida Statutes; and that my name appears			

## FILED Sep 07, 1999 8:00 am Secretary of State 09-07-1999 90010 028 \*\*\*550.00

Corporatio	Name # 645411					
JACK P	LA MARR, ATTORNEY AT	I AW. P.A.				/
0,1011						T ADDRIN BRING BLOCK BRING BROOK BROKE BLOCK BROKE BLOCK BLOCK BROKE BROKE BROKE BROKE BROKE BROKE BROKE BROKE
ncipal Plac	e of Business	Mailing Address				
IT E OAKLAND PARK BLVD 2801 E PAKLAND PARK BLVI			LVD			
E 501 LADUERDA	NEL FL 33306	STE 501 FT LADUERDAEL FL 33308	77.			DO NOT WRITE IN THIS SPACE
CIDOLINO		US				3. Date Incorporated or Qualified
						11/16/1979
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
20		26	6			59-2023422   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	¬ '''			5. Certificate of Status Desired \$8.75 Additional Fee Required
		27 City 8 State				
City & State		_ <del>                                    </del>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28     Zip	Cou	ntry		This corporation owes the current year
<b>-</b> .p	25	<b>├</b> ── '	30	•		Intangible Personal Property. Yes No
	9. Name and Address of Current					10. Name and Address of New Registered Agent
				81	Name	
	MARR, JACK P., ESQ.	==4		82	Street A	ddress (P.O. Box Number is Not Acceptable)
	1 E OAKLAND PARK BLVD STE	501				
FUI	RT LAUDERDALE FL 33306			83		
				84	City	FL 85 Zip Code
				Щ		
office or	t to the provisions of sections 607.050: registered agent, or both, in the State am familiar with, and accept the obligi	of Florida, Such change was at	uthorized	1 bv	the como	reporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
NATURE						
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO ID DIRECTORS	TE: Register	red Ag	ent signature	a required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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ET ADDRESS			6.3 STI	REET	ADDRESS	)*
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