FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

(1)

THE TWENTY HUNDRED BUILDING, INC.												
Principal Place of Business Mailing Address									T + FEBRUIL INDIA HAND ANDER TION BAIDL AN		AL DEBIT WIRE	I BIBIN BIBN EEDI
110 SE SIXTH STREET - 28TH FLOOR 110 SE SIXTH STREET - 2 P O BOX 14245 P O BOX 14245 FT LAUDERDALE FL 33302 FT LAUDERDALE FL 33302										•		
									3. Date Incorporated or Qualified 12/06/1971		ate of Las 06/12/1	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied be Not Applied For Not Applied be						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required						
City & State	e		- 21	City & State		-			6. Election Campaign Financing			00 May Be
23			28						Trust Fund Contribution			ed to Fees
Zip 24	25	Country	29	Zip	30 Cc	ountry			8. This corporation has liability for int	angible ta Yes 🛣		3. 199.032,
24		Address of Curre	·	ered Agent	30	1			Florida Statutes 10. Name and Address of New Reg			
					· · · · · · · · · · · · · · · · · · ·	81	Name	••••		,		
SMITH, DENNIS DUSTIN 110 SE 6TH ST, 28TH FL						82	Ptroot	et Address (P.O. Box Number is Not Acceptable				
						62	Street	Addre:	as (P.O. Box number is not acceptable)			
FT 1/AUD	FL 33301					83						
						84	City				85 Z	ip Code
							•		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	FL	.	
or register	red agent, or both	n, in the State of Flor	ida. Such	chance was authorized	ed by the	ove-n	amed co oration's	orporat board	ion submits this statement for the purpo of directors. I hereby accept the appoin	ise of cha tment as	anging its registere	registered office d agent. I am
familiar wi	ith, and accept th	e obligations of, Sec	tion 617.0	0503, Florida Statutes	š.	•			, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE	Slenature typed or prior	ited name of registered ager	t aca titla I se	rod cattle BV	TE - Benieter	nd Agen	eionet vo	on had u	hen reinstating)	DATE		
12.	Signature, typed or pre-	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	13		i signatura i	edored v	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	DV			DELETE		TITLE					Change	
NAME	SCOTT, JAM	ies a			1.2	NAME						
STREET ADDRESS	110 SE 6TH	ST, 28TH FL			1.3	STREET	ADDRESS					
CITY - ST - ZIP	FT LAUD, FI	_ 00000			1.4	CITY-SI	r-ZIP	<u> </u>				
TITLE	STD			DELETE	2.1	TITLE					☐ Change	Addition
NAME	SMITH, DEN				2.2	NAME						
STREET ADDRESS		ST, 28TH FL			2.3	STREET	ADDRESS					
CITY - ST - ZIP	FT LAUD, FL	_ 00000				CITY-S	T-ZIP	ļ	· · · · · · · · · · · · · · · · · · ·			
TITLE	PD NOD	MAN B		DELETE		TITLE					Change	Addition
NAME	TRIPP, NORI					NAME						
STREET ADDRESS	FT LAUD, FL	ST, 28TH FL					ADDRESS		റെയെടെ ജ	uen ca	ACC)	
CITY-ST-ZIP TITLE	רו נאטט, רו	_ 0000		DELETE		CITY-S TITLE	T-ZIP	├	<u> </u>		☐ Change	☐ Addition
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NAME				_		NAME			90000172 -03/01/960104 ***61.25	رے ان انسان	コンボ	レルブ
STREET ADDRESS							ADDRESS		***61 25	u U	4,3	KII.
CITY-ST-ZIP						CITY-S1					0	U.
TITLE				DELETE		TITLE		1			□ chabe	
NAME					6.2	NAME		1			11	N/a
STREET ADDRESS					6.3	STREET .	ADDRESS			(1	10/
	I					CITY-ST		1		,	111	1 (70)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I for her 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

262/96 954-760-4750