**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F09443 1. Corporation Name

AGGRESSIVE REAL ESTATE, INC.

| , 10.00.                                |   |                     |               |       |                      |  |            |          |               |
|---|---|---------------------|---------------|-------|----------------------|--|------------|----------|---------------|
| Principal Plac                          | e of Business                                       | Mailing Address     |               |       |                      |  |            |          |               |
| 8950 WARWICK DR. 8950 WARWICK           |   |                     | DR.           |       |                      |  |            |          |               |
| BOCA RATON FL 33433 BOCA RATON FL 33433 |   |                     |               |       |                      | TO NOT WORK IN THE                                       |            |          |               |
| US US                                   |   |                     |               |       |                      | DO NOT WRITE IN THIS                                     | 51         | ACE      |               |
|   |   |                     |               |       |                      | 3. Date Incorporated or Qualifed 12/17/1980              |            |          |               |
| 2. Principal F                          | Place of Business                                   | 2a. Mailing Address |               |       |                      | 4. FEI Number  |            | I A      | pplied For    |
| 21                                      |   | 26                  |               |       |                      | 59-2247583   |            |          | ot Applicable |
| Suite, Apt.                             | #, etc.   | Suite, Apt. #, etc. |               |       |                      | 5. Certifcate of Status Desired                          | \$         |          | Additional    |
| 22                                      |   | 27                  |               |       |                      |  |            |          | equired       |
| City & Sta                              | te  | City & State        |               |       |                      | 6. Election Campaign Financing                           |            |          | May Be        |
| 23                                      |   | 28                  |               | _     |                      | Trust Fund Contribution                                  |            |          | to Fees       |
| Zip                                     | Country   | Zip                 | Cou           | ntry  |                      | 8. This corporation owes the current year In             |            |          | □No           |
| 24                                      | 25  | 29                  | 30            |       |                      | Personal Property Tax.                                   |            | Yes      | UN0           |
|   | 9. Name and Address of Curren                       | t Registered Agent  |               | 04    | Name                 | 10. Name and Address of New Registered                   | Mge        | nt .     |               |
| CH                                      | ARNACK, DAVID                                       |                     |               | 81    | Name                 |  |            |          |               |
|   | D DIPLOMAT PARKWAY                                  |                     |               | 82    | Street Addre         | ess (P.O. Box Number is Not Acceptable)                  | _          |          |               |
|   | LYWOOD FL 33019                                     |                     |               |       |                      |  |            |          |               |
| ΠŲΙ                                     | T1400D LF 22018                                     |                     |               | 83    |                      |  |            |          |               |
|   |   |                     | ŀ             | 84    | City                 |  | <b>⊤</b> ₹ | 5 Zip    | Code          |
|   |   |                     | ļ             |       |                      | oration submits this statement for the purpose of        | -          |          |               |
| SIGNATURE                               | Signature, typed or printed name of registered agen |                     | E: Registered | Ageni | t signature required | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND [       | IRECT    | ORS IN 12     |
| TITLE                                   | PVSD  | ☐ DELETE            | 1.1 TIT       | LE    |                      |  |            | Change   | ☐ Addition    |
| NAME                                    | CHARNACK, DAVID                                     |                     | 1.2 NA        | ME    |                      | •  |            | •        |               |
| STREET ADDRESS                          | ACCO DIDI CHAT DADIGMAY                             |                     | : 1.3 ST      | REET  | ADDRESS              |  |            |          |               |
| CITY-ST-ZIP                             | HOLLYWOOD FL 33019                                  |                     | 1.4 CIT       | Y-\$1 | T-ZIP                |  |            |          |               |
| TITLE                                   |   | ☐ DELETE            | 2.1 TIT       | _     |                      |  | Ē          | ] Change | Addition      |
| NAME                                    |   |                     | 2.2 NA        | ME    |                      |  |            |          |               |
| STREET ADDRESS                          |   |                     | 2.3 ST        | REET  | ADDRESS              |  |            |          |               |
| CITY-ST-ZIP                             |   | •                   | 2. 4 CT       | TY-S  | T-ZIP                | يان جيسڪيو يا ان     | •          |          | معصد دي مدر   |
| TITLE                                   |   | ☐ DELETE            | 3.1 TIT       |       |                      |  |            | ] Change | ☐ Addition    |
| NAME                                    |   |                     | 3.2 NA        | ME    |                      |  |            |          |               |
| STREET ADDRESS                          |   |                     | 3.3 ST        | REET  | ADDRESS              |  |            |          |               |
| CITY-ST-ZIP                             | 1   |                     | 3.4. CI       | TY-S  | IT-ZIP               |  |            |          |               |
| TITLE                                   |   | ☐ DELETE            | 4.1 111       |       |                      |  | Ē          | ] Change | Addition      |
| NAME                                    |   |                     | 4, 2 N        | AME.  |                      | •  |            |          |               |
| STREET ADDRESS                          | 5   |                     | 4.3 ST        | REET  | ADDRESS              |  |            |          |               |
| CITY-ST-ZIP                             | İ   |                     | 4.4 CF        | TY-S1 | T-ZIP                |  |            |          |               |
| TITLE                                   |   | ☐ DELETE            | 5.1 TIT       | LΕ    |                      |  |            | ] Change | Addition      |
| NAME                                    |   |                     | 5.2 NA        | ME    |                      |  |            |          |               |
| STREET ADDRESS                          |   |                     | 5.3 ST        | REET  | ADDRESS              |  |            |          |               |
| CITY-ST-ZIP                             |   |                     | 5.4 CIT       | TY-81 | T-Z!P                |  |            |          |               |
| TITLE                                   |   | ☐ DELETE            | 6.1 TIT       | LΕ    |                      |  |            | ] Change | ☐ Addition    |
| NAME                                    |   |                     | 6.2 NA        | ME    |                      |  |            |          |               |
| STREET ADDRESS                          |   |                     | 6.3 ST        | REET  | ADDRESS              |  |            |          |               |

CITY-ST-ZIP 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 of the receiver or tostee 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 attaction of the receiver or tostee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CILABLIA

2.19,99 561-482-1336

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90079 025 \*\*\*150.00