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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F29116



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90022 024 ***150.00

| Corporation | | | | | | |
|---|--|--|------------------------|-------------------------|---|----|
| COLLINS | YOUNG AND ASSOCIATES | i, INC. | | | | |
| | | | | | | |
| | | | | | | |
| Principal Place of Business Mailing Address | | | | | | |
| 1023 S.E. 17 STREET 1023 S.E. 17 STREET | | | | | | |
| FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | |
| | , | | | | 04/09/1981 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | |
| 21 | | 26 | | | 59-2087193 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | | ree Required | |
| City & State | | City & State | | | 6-Election Campaign Financing \$5.00 May Be | == |
| 23 | | 28 | | _ | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip · _ | _ Count ⊐ | ry | 8. This corporation owes the current year Intangible | |
| 24 | 25 | 29 30 | 이 | _ | Personal Property Tax. Yes □No | |
| | 9. Name and Address of Current | Registered Agent | | d Name | 10. Name and Address of New Registered Agent | ı |
| LIEIM | IDION INNES | | 8 | 1 Name | ine . | |
| | IRICH, JAMES MOCKINGBIRD LANE | | 8 | 2 Stree | ddress (P.O. Box Number is Not Acceptable) | |
| | VITATION FL 33324 | • | | | | |
| FLA | MATION FE 33324 | | 1 | 3 | * | |
| | | | 8 | 4 City | FL 85 Zip Code | İ |
| | | | | | | ı |
| 11. Pursuant i | to the provisions of Sections 607.0502 egistered agent, or both, in the State o | and 607.1508, Florida Statutes, f Florida, Such change was auth | , the abo norized b | ve-named by the corp | med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered | ı |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Florid | a Statute | es. | | |
| SIGNATURE | | WOTE O | | 1 -11 | vature required when reinstating) DATE | ١. |
| 12. | Signature, typed or printed name of registered agent | | 13. | jeni signature | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | OFFICERS AND DIRECTORS DP DELETE | | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 1.2 NAM | | · · | |
| STREET ADDRESS | | | | ET ADDRESS | RESS . | |
| | FT. LAUDERDALE FL 33316 | | 1.4 CITY-ST-ZIP | | (A) | 1 |
| CITY-ST-ZIP TITLE | | | 2.1 TITLE | | Change Addition | • |
| NAME | | | 2.2 NAM | F | | |
| STREET ADDRESS | 0 00C111 DD #400 | | 2.3 STREET ADDRESS | | RESS | |
| CITY-ST-ZIP | ET LAUDERDALE EL 00040 | | 2.4 CITY-ST-ZIP | | ነ ነ | ĺ |
| TITLE | | | 3.1 TITLE | | Change Addition | l |
| NAME | . 321 | | 3.2 NAM | E | | ı |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | RESS | ĺ |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | DELETE 4.1 | | <u> </u> | Change Addition | ĺ |
| NAME | | | 4. 2 NAV | ΙE | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | RESS | |
| CITY-ST-ZIP | | | 4.4 CITY | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | _ | Change Addition | |
| NAME | | | 5.2 NAM | E | · | |
| STREET ADDRESS | | | 5.3 STRI | ET ADDRES | RESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | , | ☐ DELETE | 6.1 TITLE | <u> </u> | ☐ Change ☐ Addition | |
| NAME | | | 6.2 NAM | E | | |
| STREET ADDRESS | 1 . No. 2 | | 6.3 STR | ET ADDRESS | RESS | |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

954524 2531