

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F38085 (9)  
1. Corporation Name  
ELEVEN-EIGHTEEN-SIXTY-NINE, INC



Principal Place of Business  
11767 SO. DIXIE HWY #145  
MIAMI FL 33156  
US

Mailing Address  
11767 SO. DIXIE HWY #145  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1292 S.W. 168 AVE  
Suite, Apt. #, etc.  
22 City & State  
23 PEMBROKE PINES FL  
Zip 33028 Country USA  
24 33028 25 USA  
26 1292 S.W. 168 AVE  
Suite, Apt. #, etc.  
27 City & State  
28 PEMBROKE PINES FL  
Zip 33028 Country USA  
29 33028 30 USA

3. Date Incorporated or Qualified  
07/13/1981  
4. FEI Number  
59-2138963  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAHARAKO, DOROTHY  
11767 SO. DIXIE HWY #145  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name DAVID BROOKS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1292 S.W. 168 AVE  
83  
84 City PEMBROKE PINES FL 85 Zip Code 33028

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PS ☐ DELETE  
NAME BROOKS, DAVID P.  
STREET ADDRESS 11767 SO. DIXIE HWY #145  
CITY-ST-ZIP MIAMI FL 33156  
TITLE VPT ☐ DELETE  
NAME BROOKS, DAVID P.  
STREET ADDRESS 11769 S. DIXIE HWY, #145  
CITY-ST-ZIP MIAMI FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600002403936  
-01/16/98--01117--010  
\*\*\*150.00

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.

SIGNATURE David Brooks President 1-13-98

CR2E034 (10/97)