Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90024 049 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F46637

COLFORD ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address					013 0101 107	
835 NE THIRD		835 NE THIRD AVE.						
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304					THE WATER WINDS			
					DO NOT WRITE IN THIS S	3PACE		1
					 Date Incorporated or Qualified 09/29/1981 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For]
21		26	26		59-2129557		ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	v	Additional	
22		27			J. Commedia of Campa Comme	Fee R	lequired	┨
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 28 28		1			Trust Fund Contribution		to Fees	┨
Zip	Country	Zip	Country		8. This corporation owes the current year Inta	ingible □Yes	□No	Ì
24	25	29 30	Ц.	·····	Personal Property Tax. 10. Name and Address of New Registered A			1
1,02	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered 2	(gent		1
COL	FORD, PATRICIA A.			14ame				1
7761 NW 10TH STREET			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			}
PLANTATION FL 33322			83					1
. 104	TATION 1E SOSEE		00					
			84	City	FL	1 1	Code	
agent. i ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was authorions of, Section 607.0505, Florida	the above orized by Statutes	e-named co the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	hanging it tment as r	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Agen	it signature requ	ired when reinstating) DATE] .
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12]
TITLE	DP	OP DELETE 1.1				☐ Change	☐ Addition	
NAME	COLFORD, PATRICIA A	COLFORD, PATRICIA A						
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP				1
TITLE			2.1 TITLE			Change	Addition	
NAME	BRASWELL, SCOTT A. 22N		2.2 NAME					
STREET ADDRESS	7341 NW 15 ST. 235		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 2.4		2.4 CITY-S	T-ZIP				4
TITLE			3.1 TITLE			Change	☐ Addition	
NAME	Braswell, Gertrude I.		3.2 NAME	1	. vet =		, G 28	-
STREET ADDRESS	7140 NW 11TH PL		3.3 STREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-S	T-ZIP		П.С	Addition	4
TITLE	T	☐ DELETE	4,1 TITLE			☐ Change		
NAME	HAYEK, JAMES A.		4, 2 NAME					
STREET ADDRESS	7761 NW 10TH STREET	•	4.3 STREET	T ADDRESS				ĺ
CITY-ST-ZIP	7 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CITY-S	T- ZIP		["] (h		\perp
TITLE	10		5.1 TITLE			Change	Addition	
NAME	PERKINS, MERLE R.		5.2 NAME					1

CITY-ST-ZIP 14. I heraby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP,

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

7761 NW 10TH STREET

PLANTATION FL

☐ DELETE

Change

Addition