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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90049 013 ***155.00

DOCUMENT # F56331 1. Corporation Name 261 CORPORATION Mailing Address Principal Place of Business 4326 PETERS RD. 4326 PETERS RD. FT LAUDERDALE FL 33317 FT LAUDERDALE FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/19/1981 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2145081 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired - . . Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zio □No Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DEUTSCH, JANET 82 Street Address (P.O. Box Number is Not Acceptable) 4326 PETERS RD. 83 FT LAUDERDALE FL 33317 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. CR2F034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE DEUTSCH, JANET 1.2 NAME NAME 4324 PETERS RD 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME DEUTSCH, RICHARD NAME 2.3 STREET ADDRESS 4324 PETERS RD STREET ADDRESS FT LAUDERDALE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition Change DELETE 511TLF TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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.