## 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 # F93612 1. Corporation Name

W.J. CALLAHAN, C.P.A., P.A.

****	04 710 1 71	

# **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90006 045 \*\*\*150.00



. Principal Place	<del></del>					<del> </del>		
	e of Business	Mailing Address						
9999 NE 2ND /	AVE	9999 NE 2ND AVE						
STE 200 MIAMI FL 33131	Q_0744	STE 200 Miami Fl 33138-9344	STE 200			DO NOT WRITE IN THIS SPACE		
MINMI I L SOIS		MICHIEL GOTOGOGT				3. Date Incorporated or Qualifed 08/06/1982	, '	- <u>-</u>
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	plied For
21		26			59-2331382	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				- Cormodo of States 250,150	Fee R	equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23	Country	28	Cour			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	rıtı <b>y</b>		8. This corporation owes the current year In	tangible Yes	No
24	9. Name and Address of Current		30			Personal Property Tax.  10. Name and Address of New Registered		CENTAG
	or Maine and Address of Carrent	Tregistered Agent		81	Name	Talle one Address of Not Registered		<del></del>
<del>≠ CRE</del>	<del>EL: JOE-</del>		}					
<del>- 3972</del>	PLANTATION RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
~ WIN	FER HAVEN FE 88884		Ì	83	<del></del>	9999 NE 2nd Ave, Suite #200	- <del>-</del> :	
			ļ			Miami, Florida 33138-2344	<i>,</i> ,	
			!	84	City	FL	85 Zip	Code
agent. I au SIGNATURE	egistered agent, or both, in the State of marillar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statu	ites.	the corporatio	n's board of directors. I hereby accept the appoi	ntment as re	gistered
12,	OFFICERS ANI		13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 TIT	LE			Change	Addition
NAME	CALLAHAN, W J		1.2 NA				<u> </u>	
STREET ADDRESS	9999 N E 2ND AVE STE 200				ADDRESS			
CITY-ST-ZIP	MIAMI SHORES FL 48	33138	1.4 CIT					
TITLE								
NAME		DELETE	2.1 TIT	CE			Change	☐ Addition
		L'I DELETE	2.1 HI		ĺ		☐ Change	Addition
STREET ADDRESS		L'I DELETE	2.2 NAJ	ME	ADDRESS	,	Change	☐ Addition
		T DEFELE	2.2 NAJ	ME REET			Change	☐ Addition
STREET ADORESS		☐ DEFELE	2.2 NAJ 2.3 STF	ME REET TY-51			☐ Change	☐ Addition
STREET ADORESS			2.2 NAJ 2.3 STE 2.4 CIT	ME REET TY-ST LE				
STREET ADORESS CITY-ST-ZIP TITLE			2.2 NAI 2.3 STE 2.4 CH 3.1 TH 3.2 NAI	ME REET TY-SI LE ME				
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Indicated on this annual report or 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 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 embowered. A No. Chapter 607.

SIGNATURE:

CURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miami, Florida 33138/2344