FILED Apr 13, 1999 8:00 am Secretary of State

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## 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

<ol> <li>Corporation</li> </ol>	MENT # <b>F9400(</b> PARTNERS, INC.	0000809					
Principal Place	e of Business	Mailing Address	_		1 (SBI) ED IND INNI BIRLI OBNE GARLI OBNE	\$\$111 BESS 191	
15469 N.W. 83R	ID PL.	15469 N.W. 83RD PL.					
MIAMI LAKES FL 33016 MIAMI LAKES FL 33016					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed	SFACE	
					02/17/1994		
2. Principal Pl	ace of Business .	2a. Mailing Address			4. FEI Number		Applied For
21		26			43-1558566		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27		<u> </u>			Required
City & State	е	City & State			6. Election Campaign Financing	•	May Be
23		28	Country		Trust Fund Contribution	<del></del>	to rees
Zip	Country	Zip	Country		8. This corporation owes the current year in	tangible	□No
24	25	29 30	<u> </u>		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	m Registered Agent	81	Name	to. Italia alto Adoresa or itali itagistata	7180	
BALS	SAM, DENNIS M		L.				
15469 N.W. 83RD PL.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33016			83				
							<u>_</u> _
			84	City	Fl	85 Zip	o Code
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag				poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PVST DELETE 1.1		1.1 TITLE			Change	e [] Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	e 🔲 Addition
NAME	J. 120. U.I., 0 21. II. II.		2.2 NAME				
STREET ADDRESS	10 100 11:11 01:10 1 =		2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-5	T-ZIP	<u></u>		Addition
TITLE	D	☐ DELETE	3.1 TITLE	1		☐ Change	e
NAME	BALSAM, MARILYN R		3.2 NAME				ļ
STREET ADDRESS	15469 N.W. 83RD PL.		ľ	TADDRESS			ì
CITY-ST-ZIP	MIAMI LAKES FL 33016			ST+ZIP		Change	e Addition
TITLE	_		4.1 TITLE			; change	
NAME			4.2 NAME	1			j
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		CT Character	e Addition
TITLE	·	☐ DELETE	5.1 TITLE			Change	a Naganjou
NAME			5.2 NAME				\
STREET ADDRESS				T ADDRESS			
CITY+ST-ZIP		<del></del>	5.4 CITY-S	II-ZIP		Chara	e Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305-826-5488