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 # F9700001431

SIX SISTERS PLANTATION, INC.

Fillicipal Flace of Dustile
2581 NW 36TH ST
DOCA DATOM EL 22424

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address

2581 NW 36TH ST **BOCA RATON FL 33434**

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90054 036 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

03/19/1997

57-0608893

4. FEI Number

22		27								1 60 110	quirea
City & State City & State			City & State				6. Election Campaign Finance]	\$5.00 May Be Added to Fees		
23	28						Trust Fund Contribution				o rees
Zip	Country Zip			Cour	ntry		8. This corporation owes the	current y			п .;
24	25	29		30			Personal Property Tax.				□No
Name and Address of Current Registered Agent							10. Name and Address of No	w Regi	stered A	gent	
		M. J. R. I.	- · · · ·		81	Name					
JUDGE, JOSEPH D JR 2581 NW 36TH ST					82	Stroot Addre	ess (P.O. Box Number is Not Acc	entable)			
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	•	•			84	City		•	FI	85 Zip C	Code
*****	Service Committee Co							the pur	nose of c	hanging its	registered
- Affino 0	nt to the provisions of Sections 607 registered agent, or both, in the 5	State of Florida	- Such change was a	umonzea	DV III	nameo corpo ne corporatio	oration submits this statement for on's board of directors. I hereby a	ccept the	e appoin	tment as re	gistered
agent.	am familiar with, and accept the o	obligations of, S	Section 607.0505, Flo	orida Statu	ites.	po					· .
							•				
SIGNATUR	Signature, typed or printed name of registers	ed agent and title if a	pplicable. (NOTE	E: Registered /	Agent s	signature required	d when reinstating) :		DATE	<u>.</u>	
12.	OFFICER	S AND DIREC	TORS	13.			ADDITIONS/CHANGES TO	OFFICE	<u>ERS ANI</u>		
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regardened as it made and south, that I am 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.