PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F99152

1. Corporation Name

PLANEHOLDER, INC.

Principal P ace of Business	Mailing Address	
WORLD TRADE CENTER 80 SW 8TH ST. STE. 2900 MIAMI FL 3:11:30	WORLD TRADE CENTER 80 SW 8TH ST. STE. 2900 MIAMI FL 33130	

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90003 031 ***300.00



Principal P ace	e of Business	Mailing Address				F FOR THE TERM OF THE COLOR COLOR COLOR	01 01011 010	(B1811 91911 B	1611 01011 1061	
WORLD TRADE CENTER WORLD TRADE CENT 80 SW 8TH ST. STE. 2900 80 SW 8TH ST. STE. 2 MIAMI FL 33130 MIAMI FL 33130						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 09/10/1982				
2. Principal Pt	lace of Business	2a. Mailing Address				4. FEI Number		Apı	r lied For	
21 Bricke	ell Bayview Centre	26 Brickell Ba	ıyview	Centre	e	59-2216464		No	t Applicable	
Suite, Apt. 1 80 S.W	#. etc. 8th St., Ste. 2900		St.,	Ste. 29	900	5. Certificate of Status Desired]	\$8.75 A Fee Re	quired	
City & State 23 Miami,	FL	City & State Miami, FL				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip		ntry		8. This corporation owes the current			٦	
24 33130	25 U.S.A.	29 33130	<u> </u> 30 U.	S.A.		Personal Property Tax.		Yes	□No	
·	9. Name and Address of Current	Registered Agent		04 Name		10. Name and Address of New Regi	stert d A	gent		
14: 10:	RAY, JOHN M.			81 Name						
	KELL BAYVIEW CENTRE			82 Street	Arldres	ss (P.O. Bo) Number is Not Acceptable)			
	W 8TH STREET, STE 2900									
	MI FL 33130			83						
				84 City			FL	85 Zip C		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	authorized	I by the corp	corpor oration	ration submits this statement for the purply board of directors. I hereby accept the	oose of contemporary	nanging its ment as rec	registered Jistered	
SIGNATUF'E									\	
	Signature, typed or printed name of registered agen		-	Agent signature	required v		DATE	DIDECTO		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	Change	Addition	
TITLE	PST COUNTY	☐ DELETE	1.1 TI		-			Change		
NAME	MURRAY, JOHN M.		1.2 N		ĺ					
STREET ADDRESS	80 SW 8TH ST.			REET ADDRESS					Į	
CITY-ST-ZIP	MIAMI FL 33130	DELETE		TY-ST-ZIP	├		———	Change	Addition	
TITLE		☐ DECE15	2.1 TI					☐ Onlange		
NAME			2.2 N							
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CITY-ST-ZIP				ITY-ST-ZIP	├ —			Change	Addition	
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NAME			3.2 N							
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NAME			4. 2 N							
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STREET ADDRESS					1					
CITY-ST-ZIP		רין הרו בדר	5.4 C	TY-ST-ZIP	┼			Change	Addition	
TITLE		☐ DELETE						change		
NAME			6.2 N						[
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP			6.4 C	TY-ST-ZIP						

CITY-ST-ZIP 14. I herety certify that the informa ion 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 changec, or on an attact meet with an address, with all other like empowered.

SIGNATURE: _

305/446-2646