## 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 # F99217

	.ЕD 99 8:00 am
Secretary	y of State
_	04 048 ***150.00

DITO 2	SERVICE CORP.							
				_				
Principal Place	e of Business	Mailing Address						
80 SW 8TH ST		80 SW 8TH ST				,		
SUITE 2810	_	SUITE 2810				DO NOT WRITE IN THIS	SDACE	
MIAMI FL 33130		MIAMI FL 33130				3. Date Incorporated or Qualifed	SPACE_	<u></u>
						09/13/1982		
O Deimeimet O	leas of Divolaces	2a. Mailing Address				4. FEI Number	TAN	plied For
	lace of Business	——————————————————————————————————————				59-2226045	+	t Applicable
21 Suite A-t	# oto	Suite, Apt. #, etc.				39 2220043	\$8.75 A	
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired	Fee Re	I
City & State	<u> </u>	City & State	-,			6, Election Campaign Financing	\$5.00	·
<u></u>	·	28		. ,		Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year Int.		
	25	29	30	,		Personal Property Tax.		□No
24	9. Name and Address of Current			Τ		10. Name and Address of New Registered	Agent	
	J. 144110 4114 / 1441000 41 041141			81	Name			
REGI	ISTERED AGENT SERVICES CO.							
444	BRICKELL AVENUE, SUITE 930			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	M FL 33131			83		· · · · · · · · · · · · · · · · · · ·		
				84	City	FL	85 Zip C	Code
44 Changan	to the provisions of Sections 607 0502	and 607 1509 Florida St	atutes the a	bove	named como	ration submits this statement for the gurpose of	changing its	registered
office or re	enistered agent, or both, in the State o	of Florida. Such change wa	as authorized	d by th	ne corporation	n's board of directors. I hereby accept the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505,	Florida Stat	tutes.				ĺ
SIGNATURE	Signature, typed or printed name of registered agent	and side if an alicentum (A	OTE: Basistasas	d Aggest e	signature required	when reinstating) DATE		}
12.	OFFICERS AND	<del></del> -	13.	a regent o	agrancio requiso	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	DELETE		ΠF		7.00		
NAME	=						Change	☐ Addition
	MCANDREW ROBERT				Ì		Change	Addition
	MCANDREW, ROBERT	_ Jeer 1	1.2 N	IAME	ADDRESS		Change	Addition
STREET ADDRESS	80 SW 8TH ST	_ occasi	1.2 N	IAME TREET A	ADDRESS		Change	☐ Addition
CITY-ST-ZIP			1.2 N 1.3 S 1.4 C	IAME TREET A ITY-ST-1	1		☐ Change	Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR