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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G05828**

UNIT 16K BALMORAL, INC.



Place of Business Mailing Address
 ONE S.E. THIRD AVENUE #1400, ONE S.E. THIRD AVENUE
 FL 33131 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------|--|------------------------------|--|---|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| ONE S.E. THIRD AVENUE | | #1400, ONE S.E. THIRD AVENUE | | 10/25/1982 | |
| FL 33131 | | MIAMI FL 33131 | | 4. FEI Number | |
| | | | | 65-0125327 | |
| 26 | | 27 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Not Applicable | |
| Suite 2130 | | Suite 2130 | | 5. Certificate of Status Desired | |
| City & State | | City & State | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 28 | | 29 | | 6. Election Campaign Financing | |
| Zip | | Zip | | Trust Fund Contribution | |
| Country | | Country | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes the current year intangible Personal Property Tax. | |
| | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| COPROLITE CORPORATION, A FLORIDA CORP ONE S.E. THIRD AVENUE SUITE 1400 MIAMI FL 33131 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 Suite 2130 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| PT JACKSON, CARLA #1400, ONE S.E. 3 AVENUE MIAMI FL 33131 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VS CALVERT, YVONNE #1400, ONE S.E. 3 AVENUE MIAMI FL 33131 | <input type="checkbox"/> DELETE | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | Suite 2130 |
| | | 1.4 CITY-ST-ZIP | |
| | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | Suite 2130 |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: Carla Jackson 3/26/99 305-377-9353
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)