

FILE NOW:-FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90027 002 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # G05830**

1. Corporation Name  
**UNIT 15 H BALMORAL, INC.**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
**22. Suite 2130 27. Suite 2130**  
 23. City & State 28. City & State  
 24. Zip Country 29. Zip Country  
 25. 26. 27. 28. 29. 30.

3. Date Incorporated or Qualified  
**10/25/1982**  
 4. FEI Number Applied For  
**65-0124300** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be-Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 **FL** 85 Zip Code

11. 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

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

**12. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JACKSON, CARLA	
STREET ADDRESS	#1400, ONE S.E. 3 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CALVERT, YVONNE	
STREET ADDRESS	#1400, ONE S.E. 3 AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>Suite 2130</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>Suite 2130</b>	
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		

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.

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

CR2E034 (11/98)