Mar 29, 1999 8:00 am Secretary of State

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## 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 # G81845

| 1. Corporation COLT SE                               | RVICES, INC.  | ,                                    |             |                     |  |   |                                   |                        |      |  |
|--|---|--------------------------------------|-------------|---------------------|--|---|-----------------------------------|------------------------|------|--|
| Principal Place of Business Mailing Address          |   |                                      |             |                     |  |   | 8(3() DIE)  BIOI  E)              | E11 8:01; 1361         |      |  |
| 8910 MIRAMAR PARKWAY 8910 MIRAMAR PARKWAY            |   |                                      |             |                     |  |   |                                   |                        |      |  |
| STE. 112 STE. 112                                    |   |                                      |             |                     |  | DO NOT WRITE IN THIS SPACE  |                                   |                        |      |  |
| HOLLYWOOD F  | HOLLYWOOD FL 33025<br>US  | LIWOOD FE 33025                      |             |                     | 3. Date Incorporated or Qualifed                     |   |                                   |                        |      |  |
| 00   |   |                                      |             |                     |  | 11/17/1983  |                                   |                        |      |  |
| 2. Principal Place of Business 2a. Mailing Address   |   |                                      |             |                     |  | 4. FEI Number   | App                               | lied For               |      |  |
| 21   | •   | 26                                   |             |                     |  | 59-2382482  | Not                               | Applicable             |      |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                  |             |                     |  | 5 Certificate of Status Desired   | \$8.75 A                          |                        | ١.   |  |
| 22   |   | 27                                   |             |                     | *  | 5.2 Certificate of Status Desired 1 12 7.2  | Fee Re                            | quired                 | 1    |  |
| City & State City & State                            |   |                                      |             |                     | 6. Election Campaign Financing                       |   | \$5.00                            | Мау Ве                 |      |  |
| 23   |   |                                      |             |                     |  | Trust Fund Contribution Added to Fees   |                                   |                        |      |  |
| Zip  | Country   | Zip                                  | try         |                     | 8. This corporation owes the current year Intangible |   |                                   |                        |      |  |
| 24   | 25  | 29 3                                 | 0           |                     |  | Personal Property Tax.  |                                   | X)No                   | ŀ    |  |
| Name and Address of Current Registered Agent         |   |                                      |             |                     |  | 10. Name and Address of New Registered  | l Agent                           |                        | ł    |  |
| GOLDWICH, LEE S.<br>8910 MIRAMAR PARKWAY<br>STE. 112 |   |                                      |             | Name Street         | Street Address (P.O. Box Number is Not Acceptable)   |   |                                   |                        |      |  |
| HOLLYWOOD FL 33025                                   |   |                                      |             | 84 City 85 Zip Code |  |   |                                   |                        |      |  |
|  |   |                                      |             | 34 City             |  | FL  |                                   |                        |      |  |
| office or n<br>agent. I a                            | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auti     | norized l   | ov the como         | corpor<br>oration                                    | ration submits this statement for the purpose of<br>'s board of directors. I hereby accept the appo | f changing its<br>pintment as reg | registered<br>jistered |      |  |
| SIGNATURE  | Signature, typed or printed name of registered ager   | at and title if applicable. (NOTE: R | egistered A | gent signature      | required v   | when reinstating) DATE  |                                   |                        | ءَ ا |  |
| 12. OFFICERS AND DIRECTORS 13                        |   |                                      | 13.         |                     |  | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO                        | RS IN 12               | ó    |  |
| TILE   | PDST  | ☐ DELETE                             | 1.1 TITLE   |                     |  |   | ☐ Change                          | Addition               | 1    |  |
| NAME   | GOLDWICH, LEE S 1.2   |                                      |             | E                   |  |   |                                   |                        | 2    |  |
| STREET ADDRESS 8910 MIRAMAR PKWY., STE. 112          |   |                                      |             | 1.3 STREET ADDRESS  |  |   |                                   |                        | Ü    |  |
| CITY-ST-ZIP  | HOLVINOOD EL  |                                      |             | 1.4 C/TY-ST-ZIP     |  | 0 1   |                                   |                        | ؤ    |  |
| TITLE  | ☐ DELETE 2.1 T  |                                      |             | 2.1 TITLE <b>\</b>  |  | ice President   | Change                            | Addition               | ١    |  |
| NAME 221   |   |                                      | 2.2 NAM     | 2.2 NAME //         |  | Nice President Change MAddition Maris Kirschbaum 8910 Miramar Pkwy, Ste. 112                        |                                   |                        |      |  |
| STREET ADDRESS 2.3 S                                 |   |                                      | 2.3 STR     | EET ADDRESS         | 8  | 910 Miramar Pkwy, Stc.  | II Z                              |                        |      |  |

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

3.4. CITY+ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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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 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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TTTLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 Date (954) 442 - 4200 Daytifine Phone #

☐ Addition

Addition

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Addition

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