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

**PROFIT CORPORATION** ANNUAL DEDODT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

## FILED Jun 09, 1999 8:00 am Secretary of State

	1999					ONS	06-09-1999 90003 001 ***550.00
DOCUI	MENT # GS	94090			_		
Principal Place	•		Mailing Address	_			
1570 MADRUGA CORAL GABLES	A AVE STE 300 S FL 33146		1570 MADRUGA AVE STE 30 CORAL GABLES FL 33146	0			
	•		· · · · · · · · · · · · · · · · · ·				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
2 Principal P	lace of Business		2a. Mailing Address				04/02/1984 4. FEI Number Applied For
21	iace of Dushiess	ļ. <u></u>	6)				59-2399522 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		2					5. Certificate of Status Desired Fee Required
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be
23 Zip	Country		8   Zip	Cour	itni		Trust Fund Contribution Added to Fees
24	Country 25	2	-n ·	_	iu y		8. This corporation owes the current year intengible Personal Property Tax. ☐ No
	9. Name and Addre			<del>"</del>			10. Name and Address of New Registered Agent
A.=.			<del></del>		81	Name	,
GITLITZ, STUART H			82 Street A			Street	t Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVE STE 300							
COR	IAL GABLES FL 3314	0		1	83		
		,		ţ	84	City	FL 85 Zip Code
11 Duzeuant	to the provisions of Sect	ione 607 0500 and	607 1808 Florida Statutos	the at	VVC	-named	
office or n	egistered agent, or both,	in the State of	orida Such mange was auti	norized	by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	m ramiliar with, and acce	ept the adjugatoris	or, section autitious, Florid	ia Statu	ies.	•	5/27/99
SIGNATURE	Signature, typed or printed name	of registered agent and t	itle if applicable. (NOTE: Ri	egistered /	Ageni	t signature r	required when reinstating) DATE
12.		FFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD		X DELETE	1.1 Tm			☐ Change ☐ Addition
NAME	FABER, SHEPPARD			1.2 NAI			1
STREET ADDRESS	1570 MADRUGA ST CORAL GABLES FL			ŧ "	_	ADDRESS	3
CITY-ST-ZIP	VTD	·	DELETE	1.4 CIT		I-ZIP	PSDT XXChange Addition
NAME	GITLITZ, STUART H	1.	<b>—</b>	2.2 NAME			GITLITZ, Stuart H.
STREET ADDRESS	1570 MADRUGA ST			2.3 STI	REET	ADDRESS	1570 W-1 Ch- 200
CITY-ST-ZIP	CORAL GABLES FL		<u>.</u>	2 4 CF	Y- <u>S</u>	T-ZIP	Coral Gables, FL 33146
TITLE			[] DELETE	3.1 TIT	Æ	-	☐ Change ☐ Addition
NAME				3.2 NAI	ME		
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP	! 		☐ DELETE	3.4. CIT		T-ZIP	☐ Change ☐ Addition
NAME			Clockers	4.1 MI			C Onlings C TABORION
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				4.4 C/T			
TITLE			☐ DELETE	5.1 TIT			Change Addition
NAME				5.2 NAI			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP			Clariette	5.4 CIT		-ZIP	
TITLE			☐ DELETE	6.2 NA		,	Change Addition
NAME STREET ADDRESS				1		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 poort 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an oath is a same legal effect of the same legal effect of the same legal

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99

Date

(305) 662-4110

Daytime Phone #