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

Mailing Address

P.O. BOX 924871 PRINCETON FL 33092-4871

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H03098**

1. Corporation Name

Principal Place of Business

11575 QUAIL ROOST DRIVE

MIAMI FL 33157

US

STATOM CORPORATION

¬ `							4. FEI Number		pplied For
14 1		26					59-2406098	N	ot Applicable
Suite, A	Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	Certificate of Status Desired   \$8.75 Additional Fee Required	
!Z[	to to	City & State					a Florier Compaign Financian		
City & S 23	nate-	28					6. Election Campaign Financing  Trust Fund Contribution	- 11 ' 1	
Zip	Country	Zip	Cor	intry			8. This corporation owes the current year Intang	gible	_
4	25	29	30				Personal Property Tax.	Yes	□No
	Registered Agent		ļ ,	_		10. Name and Address of New Registered Ag	ent		
BORIN, THOMAS 3300 NE 191ST STREET					Name  12 Street Address (P.O. Box Number is Not Acceptable)				
AVENTURA FL 33180									
								A =   7:-	<u> </u>
					City		_		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									
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent	signature re	quired v	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 🏗	TLE				Change	☐ Addition
NAME	BORIN, THOMAS		1.2 N	AME					{
STREET ADDRE	TREET ADDRESS 3300 NE 191ST STREET				1.3 STREET ADDRESS				ļ
C/TY-ST-ZIP	AVENTURA FL 33180		14 C	ITY-ST	- ZIP				ļ
TITLE	DS	☐ DELETE	2.1 T					Change	☐ Addition
NAME	BORIN, SARA		2.2 N	AMF					
	ARROW NE 404CT CTREET				ADDRESS				
STREET ADDRE	AVENTURA FL 33180			ITY-SI					1
CITY-ST-ZIP	AVEITIONA I E 35100	☐ DELETE	3.1 T		- 21			Change	☐ Addition
TITLE			3.2 N			•		_	_ i
NAME	e comercial de la companya del companya del companya de la company								
STREET ADDRE	SS				ADDRESS				
CITY-ST-ZIP	`	O DELETE	<del></del>	77Y-ST	r- ZIP			Change	Addition
TITLE		☐ DELETE	4.1 T				, ,	Change	
NAME	-			AME	ļ		•		{
STREET ADDRE	ss		4.3 S	TREET	ADDRESS				ſ
CITY-ST-ZIP		·	4.4 C	ITY-ST	- ZIP		<u> </u>		
TITLE		DELETE	5.1 T		Ì		ĭ	Change	Addition
NAME	ļ		5.2 N	AME					Ī
STREET ADDRE	ss		5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP				
TITLE		☐ DELETE	6.1 T	TLE				Change	☐ Addition
NAME			6.2 N	AME					ĺ
STREET ADDRE	ss		6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-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:

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90259 017 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/11/1984