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

Mailing Address 18401 NW 27 A VE.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H19434**

Principal Place of Business

SIGNATURE: \_

18401 NW 27 AVE.

WILLIS FAMILY STABLES, INC.

MIAMI FL 33056 MIAMI FL 33056 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 09/04/1984 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2447838 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required -27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1 - 34 34 81 Name LARRY WILLIS Street Address (P.O. Box Number is Not Acceptable) 18401 NW 27 AVE. MIAM! FL 33056 83 84 City 85 Zip Côde 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE WILLIS, LARRY 1.2 NAME NAME 18401 NW 27 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33056 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE WILLIS, ANNETTE 2.2 NAME NAME 371 GOLDEN BCH DR. 2.3 STREET ADDRESS STREET ADDRESS GOLDEN BCH FL: " 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 3.1 TITLE TITLE WILLIS, JEFFREY NAME 3.2 NAME 10541 PARIS ST. STREET ADDRESS 3.3 STREET ADDRESS COOPER CITY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE WILLIS, SCOTT NAME NO ? 4. 2 NAME 3344 BIVNINI AVE. 4.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 5.1 TITLE 机洗机 學門 WILLIS, DANIEL 5.2 NAME NAME 10500 PARIS ST. 5.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL 5.4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE 6.1 TITLE Change ☐ Addition TITLE 排物 医生乳点病 6.2 NAME NAME 福祉在飞 300年 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 frustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90029 025 \*\*\*150.00

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