Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5,00 May Be

Added to Fees

## 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

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90047 045 \*\*\*150.00

## 

 $\Box$ 

DOCUMENT	#	H31	725
4. Compretion Name			

1903 SW 86 AVENUE N LAUDERDALE FL 330		1903 SW 86 AVENU	r
	<i>)</i> 00	N LAUDERDALE FL	
2. Principal Place of	Business	2a. Mailing Addres	, 
Suite, Apt. #, etc.	·	26 Suite, Apt. #, e	tc
22		27	
City & State	<u>,</u>	City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	_ 30

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/28/1984 4. FEI Number

59-2467406

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

 This corporation owes the current year intangible
Personal Property Tax.

Yes Personal Property Tax. 10. Name and Address of New Registered Agent 83 84

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.

12.	OFF
TITLE	DPS
NAME	YODER, THOMAS W.

SIGNATURE

FTL LAUDERDALE FL 33068

Signature, typed or printed name of registered agent and title if applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CERS AND DIRECTORS 13. Change Addition DELETE 11TITLE 1.2 NAME 1903 SW 86TH AVE 1.3 STREET ADDRESS STREET ADDRESS NORTH LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE □ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition L. CELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 tale 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 with an address, with all other like empowered.

64 CITY-ST-ZIP

CR2E034 (11/98)