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**

| DO | DCUMENT # H3235 | 02-08-1999 90022 013 *****130.00 | | | | | | |
|---|--|--|-----------------|---|---|--|--|--|
| Pi | ROFESSIONALLY ACCURATE SE | | | | | | | |
| 10850 | S.W. 113TH PL. #107 FL 33176 | Mailing Address -10850 S.W. 113TH PL. #10 MIAMI FL 33176 | 7 | | | | | |
| MINCHIN | , , , , , , , , , , , , , , , , , , , | MICHMI FL 33170 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualifed 12/03/1984 | | | |
| 2. Pi | rincipal Place of Business | 2a. Mailing Address | | | 4. FEI Number 59-2467813 | | | |
| Si 22 | uite, Apt. #, etc. | Suite, Apt. #, etc. | • | | 5. Certifcate of Status Desired | | | |
| 23 C | ity & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | |
| | Zip Country Zip | | | | 8. This corporation owes the current year Intangible Personal Property Tax. 2 Yes | | | |
| | 9, Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Registered Agen | | | | |
| | FOOTED DEWITT 14 | \$ | 81 | Name | • | | | |
| Pi | PBU 10850 S.W. 113TH PL: #107 E SECURITIES SYSTEMS IN C | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| • . | MIAMI FL 33176 | | 83 | | | | | |
| • | | | 84 | City | FL 85 | | | |
| * | office or registered agent, or both, in the State agent. I am familiar with, and accept the obli- | e of Florida: Such change was at | Ithorized by | the corp | d corporation submits this statement for the purpose of changir poration's board of directors. I hereby accept the appointment | | | |
| SIGN | IATURE Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: | Registered Ager | t signature | required when reinstating) en DATE | | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRE | | | |
| TITLE | PDS | ☐ DELETE | 1.1 TITLE | | | | | |
| A1454 | EOSTED DEWITT M | | 1000 | | | | | |

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90022 015 ***150.00

| 10850 S.W. 113TH PL: #107 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
|---------------------------|--|--------------|---------|--|-------------------|---------------------|--|--|--|--|
| | | | | ************************************** | | | | | | |
| . 10147-111 | 112 00110 | 83 | | | #1181.1.2181. | | | | | |
| | | 84 | Ci | V | 85 Zip | Code | | | | |
| nagrava o se est | | | | <u> </u> | | | | | | |
| office or r | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida: Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florida | orized by | the : | | | | | | | |
| SIGNATURE | | w | | | | | | | | |
| | <u> </u> | | it sign | ature required when reinstating) c ; DATE | | | | | | |
| 12. | OFFICERS AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO Change | DRS IN 12 Addition | | | | |
| TITLE | - | 1.1 TITLE | | 1.58055 | Change | Addison | | | | |
| NAME . | FOSTER, DEWITT M. | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 8557 S.W. 114TH PL. | 1.3 STREET | ADD | RESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 C(TY-ST | r-ZIP | | | - | | | | |
| TITLE | VDT □ DELETE | 2.1 TITLE | | | Change | Addition | | | | |
| NAME | FOSTER, JUNE | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 10850 SW 113 PL #107 | 2.3 STREET | ADDE | RESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | 2. 4 CITY- S | T-ZIP | | | | | | | |
| TITLE | DELETE | 3.1 TITLE | | | Change | Addition | | | | |
| NAME : 1 | BELLEVIER OF THE STATE OF THE S | 3.2 NAME | | - | | | | | | |
| STREET ADDRESS | S. C. S. Springer Springer Street Str | 3.3 STREET | ADDI | RESS TO THE PROPERTY OF THE PR | S. 18 30 | 518.c & 3.1 17.4 | | | | |
| CITY-ST-ZIP | 11 to the Article of State of | 3.4. CITY-S | T-ZIP | | | <u> </u> | | | | |
| TITLE . | ☐ DELETE | 4.1 TITLE | | क्षेत्रीय व्यक्त अधिका । वे श्रीकृतिक है | : Change | Addition | | | | |
| NAME NAME | TO I THE STATE OF | 4. 2 NAME | | , | | | | | | |
| STREET ADDRESS | | 4.3 STREET | ADDF | RESS | | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST | r-ZIP | | | | | | | |
| TITLE | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition | | | | |
| NAME | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | 3 | 5.3 STREET | ADDF | RESS | | , | | | | |
| CITY-ST-ZIP | P0\$ | 5.4 CITY-ST | -ZIP | | | | | | | |
| TITLE | □ DELETE | 6.1 TITLE | | | Change | Addition | | | | |
| NAME | 8567 SIR (1978, 17 | 6.2 NAME | | | | | | | | |
| | BANG C | 6.3 STREET | ADDE | RESS . | , | \$ | | | | |
| STREET ADDRESS | VAC | 1 | | | | | | | | |
| CITY-ST-ZIP | the contraction of the contracti | 6.4 CITY-ST | | Intend in Contine 140 07/2\/i\ Elevido Statuto - Litural | fi. that the | oformation | | | | |
| 14. I nereby c | ertify that the information supplied with this filing does not qualify for the | e exemption | on s | rated in Section 119.07(3)(i), Florida Statutes. I further cert | iry that the | niormation | | | | |

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:

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

No