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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **H57387**

1. Corporation Name

ouu nun	TITI STATE HOAD 7, INC.							
Principal Plac	ce of Business	Mailing Address			I (BD)391) B185 B1013 (BB38 D188) HEH		I BIBLI BIBLI DI	
Principal Place of Business  Mailing Address  ALAN H. POTAMKIN. POTAMKIN DODGE  MAIN STREET  MALEAH FL 33012  Mailing Address  Mailing Address  Malling Address  Malling Address  Malling Address  Malling Address  Malling Address		'AMKIN DODGE		DO NOT WRI	TE IN THIS	SPACE		
MALLAN IC OX		THALLATT I L VOOTE			3. Date Incorporated or Qualifed			
					05/16/1985			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	_	Apı	plied For
21 1350 [	w 49th Street	26 1350 W 49	Th 57	Reet	59-2529234		Not	t Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			_5. Certifcate of Status Desired		<b>\$8.75</b> A	
City & Sta	te	City & State		•	6. Election Campaign Financing		\$5.00	Mav Be
23 Hale	ah FC	28 Higlegh	FL		Trust Fund Contribution		Added to	•
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta	ngible	
24 33C	012 25	29 <i>330</i> /2	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered Agent		· · · · · ·	10. Name and Address of New I	Registered A	\gent	·
DATI	INAAN WAVNE NA ECO		81	Name				ů.
	IMAN, WAYNE M ESQ		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	ER, LEWIS & PATHMAN, LLP					_		
	BISCAYNE BLVD, SUITE 3600		83					
MIAM	II FL 33131		84	City			85 Zip C	Code
1,115 21							1 * * 1	
				_		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 🗻

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90175 016 \*\*\*150.00