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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

5001	1999 🔌		Secretary of Sta ON OF CORPO		Secreta	ary of S	tate
1. Corporat	JMENT # H591 ION Name ET SCOPE, INC.	95			01-21-1999 9	90010 002 ***15	0.00
Principal Pla	ace of Business	Mailing Address			T (DEIDIC GLOC DICEO IBERT IERCO FO		IIF BIBLI DIBII IBDI
9500 S. DADELAND BLVD. 704		9500 S. DADELAND	BLVD.				
MIAMI FL 33156		704 Miami Fl 33156			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
2 Deinstead	Place of Provinces	2a. Mailing Addres			05/29/1985 4. FEI Number	-	Applied For
2. Principal	Place of Business	26. Waning Addres	55		59-2634164	├ ─- ├	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	\$8.75	Additional Required
City & S	tate	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip 24	Country 25	Zip 29	30 Co	untry	This corporation owes the curre Personal Property Tax.	ent year Intangible Yes	□No
	9. Name and Address of C	urrent Registered Agent		04 1	10. Name and Address of New F	Registered Agent	
95	ATURMAN, STEVEN H 00 S. DADELAND BLVD.			81 Name 82 Street Ad	dress (P.O. Box Number is Not Accepta	able)	
	JITE 610 AMI FL 33156			83			
				84 City		E 85 Zi	p Code
	21 / 10 i.e.						
11. Pursua office o	nt to the provisions of Sections 60 registered agent, or both, in the stam familiar with, and accept the company of the section of the sectio	7.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.05	Statutes, the a was authorize 05, Florida Sta	above-named co d by the corpora tutes.	rporation submits this statement for the ation's board of directors. I hereby accep	purpose of changing of the appointment as	its registered registered
1576 agent : 335	am familiar with, and accept the c	7.0502 and 607.1508, Florida State of Florida. Such change obligations of, Section 607.05	ous, Fionda Sta	tutes.			its registered registered
SIGNATUR	E Signature, typed or printed name of register	ed agent and title if applicable.	(NOTE: Registere	tutes. d Agent signature requ	iired when reinstating) ,	DATE	
SIGNATUR	E Signature, typed or printed name of register	obligations of, Section 607.05	(NOTE: Registere	tutes. d Agent signature requ		DATE	FORS IN 12
SIGNATUR	E Signature, typed or printed name of register OFFICER PD LEWS, JAY	obligations of, Section 607.05 ed agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere	d Agent signature requ	iired when reinstating) ,	DATE FICERS AND DIRECT	FORS IN 12
SIGNATUR	E Signature, typed or printed name of register OFFICER PD LEWIS, JAY 9500 S. DADELAND BLVD	obligations of, Section 607.05 ed agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13 .ETE 1.11	d Agent signature requ	iired when reinstating) ,	DATE FICERS AND DIRECT	FORS IN 12
SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	E Signature, typed or printed name of register OFFICER PD LEWIS, JAY	ed agent and title if applicable. RS AND DIRECTORS	(NOTE: Registere 13 ETE 1.11 1.21 1.35	tures. d Agent signature requ TITLE SIME STREET ADDRESS ZITY-ST-ZIP	iired when reinstating) ,	DATE FICERS AND DIREC*	FORS IN 12 e ☐ Addition
SIGNATUR 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	E Signature, typed or printed name of register OFFICER PD LEWIS, JAY 9500 S. DADELAND BLVD	obligations of, Section 607.05 ed agent and title if applicable. RS AND DIRECTORS	(NOTE: Registers 13	d Agent signature requiring the signature and signature requiring the signature and signature requiring the signature requir	iired when reinstating) ,	DATE FICERS AND DIRECT	FORS IN 12 e ☐ Addition
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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 postee 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:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am