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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # H64829**

1. Corporation Name

Principal Place		Mailing Address 2090 D TIGERTAIL BLVD.			<u>.</u>				
DANIA FL 33004		DANIA FL 33004 ·			DO NOT WRITE IN THIS SPACE				
15						3. Date Incorporated or Qualifed			
						07/02/1985			
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2550094		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ac		
City & State	• ·	City & State			6. Election Campaign Financing		\$5.00 N		
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip	30	ountry		This corporation owes the curr Personal Property Tax.	ent year int		₩No
24	9. Name and Address of Current	29 29 Agent	30	1	 .	10. Name and Address of New I	Registered		
	9, Name and Address of Current	,		81	Name				
ROTMAN, RANDALL L. 740 E. DAYTON CIRCLE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL				83	4:7			-	
				84	City	<u> </u>	FL	85 Zip C	
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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		1	3.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	
TITLE	.PD DELETE		1.1	1,1 TITLE		. ".		Change	Addition
NAME	- · · · · · · · · · · · · · ·		2 NAME						
STREET ADDRESS			3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		1.4	1.4 CITY-ST-ZIP					
TITLE				1 TITLE				Change	☐ Addition
NAME			2 NAME						
STREET ADDRESS	233		3 STREET	ADDRESS					
CITY-ST-ZIP			4 CITY-S	T-ZIP					
TITLE	•		1 TITLE				Change	Addition	
NAME			3.3	2 NAME					
STREET ADDRESS			3 STREET	ADDRESS	·		* 1.00		
CITY-ST-ZIP				4. CITY-S	T-ZIP	*		Change	Addition
TITLE	,	☐ DELETE	4.	1 TITLE				☐ Change	☐ Addition
NAME	-		1	2 NAME					}
STREET ADDRESS	4.35		3 STREET	ADDRESS					
CITY-ST-ZIP	\$		4.4 CF		r-21P	<u> </u>		Change	Addition
TITLE	./. * €	÷ □ DELETE		1 TITLE				Change	☐ Addition
NAME	製作 Park Architecture Archite			2 NAME		e e		•	}
STREET ADORESS		•			ADDRESS				ļ
CITY-ST-ZIP				4 CITY-ST	T-ZIP			D.C	- Addition
TITLE		□ DELETE	■ 6.	1 TITLE	l			Change	☐ Addition

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. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90069 012 ***150.00