## 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** Jun 16, 1999 8:00 am Secretary of State

06-16-1999 90015 004 \*\*\*550.00

## DOCUMENT # H75339

OREAL, AND, MCDONALD, INC.

Principal Place	e of Business	Malfing Address	W. W.	2194 Y		ODI OLLOG ULION IZILA TALL BEALI (250) sala (1 7.,),		#3 W(M(4 M)M)) 1001
4331 RAVENSWOOD RD			4331 RAVENSWOOD RD					
FT. LAUDERDALE FL 33312		FT. LAUDERDALE FL 33312						
						DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporate 09/10/1985	d or Qualifed		
Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
21		26			59-2583820			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Stat	us Desired	\$8.7	Additional
		27			5. Certificate of Stat	us Desired	Fee	Required
City & State		City & State			6. Election Campaig	6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contr	ibution	Adde	d to Fees
Zip	Country Zip		Country	J. The corporation of the care		-		_
24	25 29 30				Personal Propert		Yes	□No
Name and Address of Current Registered Agent				T		ess of New Registere	d Agent	
COTAL LITHOUGH			81	Name				
OREAL, HENRY J.		82 Street Ac		Address (P.O. Box Number i	s Not Acceptable)			
77 SOUTH BIRCH RD.								
SUITE 206			83					
) F1. L	AUDERDALE FL 33316		84	City			. 85 Z	p Code
				'		F	ᄔᆝᆝ	t
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								į
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						DATE		
12.		ND DIRECTORS	13.	-	ADDITIONS/CHAP	IGES TO OFFICERS A		
TITLE	PD	☐ DELETE 1.1 T					Chang	e Addition
NAME	OREAL, HENRY J.	1.23						
STREET ADDRESS	.,		1.3 STREE	ADDRESS	i <b>)</b>			ì
CITY-ST-ZIP			14 CITY-S	T-ZIP				
TITLE	<b>15</b>		2.1 TITLE				Chang	je 🗀 Addition
NAME			2.2 NAME					l
STREET ADDRESS	301 S.E. 3RD TERRACE 23		2.3 STREE	T ADDRESS				ļ
CITY-ST-ZiP	DANIA FL 33316 2		2.4 CITY-	ST-ZIP				
TITLE	PD DELETE 3		3.1 TITLE				Chang	e 🗀 Addition
NAME	OREAL, HENRY J 32		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE	☐ DELETE 4.1		4.1 TITLE				☐ Chang	je 🗌 Addition
NAME	4.21		4. 2 NAME					ļ
STREET ADDRESS	DRESS 4.3 S		4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	☐ DELETE 5.1 TI		5.1 TITLE				Chang	je 🗌 Addition
NAME	52 N		52 NAME					1
STREET ADDRESS	REET ADDRESS. 5.3		5.3 STREET ADDRESS		1			ĺ
CITY-ST-ZIP	CIT-SI-ZF		5.4 CITY-S	4 CITY-SY-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	e 🗌 Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-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 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 one an attachment with an address, with all other like empowered.

SIGNATURE: