04-23-1999 90222 039 ***150.00

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

DOCUMENT#

1. Corporation ROBERT	TRENT JONES FLORIDA, I	NC.								
Principal Place	of Business	Mailing Address					# (1), 61611 61611 61	1811 61611 1881	
3801 BAYVIEW DRIVE 3801 BAYVIEW DRIVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308						DO NOT WRI	TE IN THIS S	SPACE		
						Date Incorporated or Qualifed	1 11113	JE NOL		ı
						08/28/1986			ł	l
2 Principal Di	age of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	İ
2. Principal Place of Business		26				59-2743551			Applicable	İ
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired		Fee Red	quired	
City & State	•	City & State			6. Election.Campaign.Financing	—,	~\$5:004	— May Be~~~ 1		
23		28				Trust Fund Contribution Added to Fees				1
Zip	Country	Zip Country				8. This corporation owes the curr	rent year Inta		_	
24	25	29 3	0			Personal Property Tax.		_ ,	□No	ļ
'	9. Name and Address of Current	t Registered Agent				10. Name and Address of New I	Registered A	gent (N	EW 2435	١
DE REUIL, LOUIS J C/O ISLEY & DEREUIL, P.A.			L			eReuil, Louis J. ss (P.O. Box Number is Not Accepta				
1040 BAYVIEW DR SUITE 424				83		<u> 2600 N.E. 14th St</u>	reet Ca	ıuseway		ł
FT LAUDERDALE FL 33304										
	ADDENDALE 1 E 0000 1			84	City	pano Beach,	FL	85 Zip C 330	ode 062	
office or re agent. I ar	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auff	ากยรคส	nv ir	named como	ration cubmits this statement for the	numose of o	hanging its	registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered /	Agent a	signature required		DATE] ;
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN			∤
TITLE	S	DELETE	1.1 TITLE					Change	☐ Addition	:
NAME	DARWELL, MARJORIE		1.2 NAME							
STREET ADDRESS	3801 BAYVIEW DR.		1.3 STREE		DDRESS					H
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-S		ŽIP					ł
TITLE	DP	. DELETE	2.1 TITLE					Change	☐ Addition	'
NAME	Jones, Robert Trent		2.2 NAME							
STREET ADDRESS	3801 BAYVIEW DRIVE		2.3 STREE		ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-		ZIP				C A delilion	{
TITLE		☐ DELETE	TE 3.1 TITLE				-	☐ Change	Addition	ļ
.NAME	والمنافعة ولمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمناف	ساليماسليماماه سيبيعين والمثيب بيزيليها	.3.2 NA	ME-			:			1
STREET ADDRESS			3.3 STF	REET A	ADDRESS					
CITY-ST-ZIP			3.4. CITY+		ZIP				TTI Addition	-
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	ļ
NAME			4. 2 NAME							Ì
STREET ADDRESS			4.3 STREE		ADDRESS					
CITY-ST-ZIP		·	4.4 CITY-5		ZIP					-
TITLE		☐ DELETE	5.1 TIT]			☐ Change	Addition	
NAME			5.2 NA							
STREET ADDRESS					ADORESS					
CITY-ST-ZIP			5.4 CIT		ZIP			Change	Addition	1
TITLE		☐ DELETE	6.1 TIT	ᄩ	1			☐ Change	☐ Addition	1

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

NAME

STREET ADDRESS