PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J69742**

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90062 010 ***150.00

C.H. AN	THONY ASSOCIA	TES, INC.									
Principal Place	e of Business		Mailing Address					- 1 INDSING AND ALTER INSEL TABLE GLOS 1/81	#1411 WIBH PIBIL	aint g	1814 BIBN (881
15811 KINGSMOOR WAY 15811 KINGSMOOR WAY											
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014									T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	
								DO NOT WRITE IN	THIS SPACE	<u>-</u>	
								3, Date Incorporated or Qualifed			
0.01-1-10			O- Mailing Address					04/27/1987 4. FEI Number		1 000	lied For
	lace of Business		2a. Mailing Address					65-0018495	-		Applicable
21 Suita Ant	# oto		Suite, Apt. #, etc.					00 00 10490	- \$8		dditional
Suite, Apt. #, etc.			27				5. Certificate of Status Desired	•		quired	
City & State			City & State				6. Election Campaign Financing	\$5	00	May Be	
23			28				Trust Fund Contribution			Fees	
Zip	Countr		Zip	Co	untry			8. This corporation owes the current ye	ar Intangible		
24	25		29 30					Personal Property Tax.	Ŭ Yes	·	□No _
	9. Name and Adore	ss of Current R	egistered Agent					10. Name and Address of New Regist	ered Agent		
					81	Nai	ne				1
SNED, WILLIAM H., JR.					82	Str	eet Arldre	ess (P.O. Bo) Number is Not Acceptable)			
278 DATURA STREET					"	0	Jot / Kilor				
WES	T PALM BEACH FL.	33402			83						
					84	City			85	Zip C	nde
) (1)	,		FL	2,50	
office or n	egistered agent, or both	i, in the State of F	nd 607.1508, Florida Stati Florida. Such change was is of, Section 607.0505, Fl	⊲authorize	ed by	the c	ned corpo orporatio	oration submi s this statement for the purpoin's board of directors. I hereby accept the	se of changir appointment :	ig its i as reg	registered stered
SIGNATURE	Signature, typed or printed na n	a of registered agent an	d title if applicable (NO)	F ≘: Register	ed Agen	it signat	ure required	f when reinstating) DA	TE		
12.		FFICERS AND I		13				ADDITIONS/CHANGES TO OFFICER		CTO	FIS IN 12
TITLE	PTD		☐ DELETE	1,1 TITL					☐ Cha		Addition
NAME	ANTHONY, CARL H.		1.2 N		1.2 NAME						
STREET ADDRESS 15811 KINGSMOOR WAY			1.3 \$7			1.3 STREET ADDRESS					}
CITY-ST-ZIP	MIAMI LAKES FL		1.4 C			1.4 CITY-ST-ZIP					
TITLE	S DELETE		2.1	TITLE				Cha	ange	Addition	
3:33E	ANTHONY, CARL I	ANTHONY, CARL H		2.2	2.2 NAME		ļ				}
STREET ADDRESS	15811 KINGSMOO	R WAY	23 \$			2.3 STREET ADDRESS]
CITY-ST-ZIP	MIAMI LAKES FL		2.41		2. 4 CITY-ST-ZIP						
TITLE			☐ DELETE	3.1	TITLE				☐ Cha	ange	☐ Addition
NAME				3.2	NAME		Ì)
STREET ADDRESS				33	STREET	ADDRI	ESS				
CITY-ST-ZIP				34.	CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1	TITLE				☐ Cha	inge	☐ Addition
NAME				4, 2	NAME						
STREET ADDRESS				4.3	STREET	ADDR	ESS				
CITY-ST-ZIP			4.4	4.4 CITY-ST-ZIP							
TITLE		☐ DELETE 5.1		1 TITLE				Cha	ange	☐ Addition	
NAME				5.2	NAME						
STREET ADDRESS				53	STREET	ADDR	ESS				
CITY+ST-ZIP					CITY-ST	T-ZIP					
TITLE			☐ DELETE	6.1	TITLE				☐ Cha	ange	Addition
NAME				6.2	NAME						-
STREET ADDRESS				6.3	STREET	ADDRI	ESS				1
					CITY OF	מול ז	- 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 curtify 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 1.2 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl H. Anthony

305 362 8200

Daytime Phone #