FILED Apr 14, 1999 8:00 am Secretary of State

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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

DOCUI	MENT # J72374									
••	I VERDE & ASSOCIATES,	INC.	•							
OAHMEN	TATION OF ACCOUNTING								618(1 818)) 618(1 <u>1</u> 1)	ON ENEM HED
	•									
Principal Place of Business Mailing Address										
2300 W SAMPL	E RD	2300 W SAMPLE R	D							
STE 306	CU EL 22072	STE 306 POMPANO BEAHC LF 33073				DO NOT WRITE IN THIS SPACE				
POMPANO BEACH FL 33073 POMPANO BEAHC LF 33073 US US							3. Date Incorporated or Qualifed			
							05/11/1987		,	
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address				4. FEI Number		Арр	lied For
21		26					59-2809409			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗆	\$8.75 A		
22		City & State					a Station Committee State			
City & Stat	B					6. Election Campaign Finance Trust Fund Contribution		\$5.00 to Added to	-	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
			30	ด			Personal Property Tax. Yes No			
24	9. Name and Address of Curre					•	10. Name and Address of N	ew Registere	d Agent	
		-		81	Nam	e				
	DE, CARMEN F.			82	Stree	et Addre	ss (P.O. Box Number is Not Ac	ceptable)		
1598 S.W. 15TH STREET				<u> </u>				· · · · · · · · · · · · · · · · · · ·		
BOCA RATON FL 33432				83	1					
				84	City		,	F	85 Zip C	ode
	to the provisions of Sections 607.05	100 L007 4500 Fl- 44				d 00.00	ration authorite this etatement for			registered
office or r	edistared agent or both in the State	e of Florida, Such chand	a was autnor	izea uv	tne co	rporation	's board of directors. I hereby a	ccept the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0	505, Florida S	Statutes	3 .				•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regis	tered Age	nt signatu	re required	when reinstating)	DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTOR	
TITLE	D	☐ DE	ETE 1	I.1 TITLE					☐ Change	☐ Addition
NAME	VERDE, CARMEN F.		1	I.2 NAME						
STREET ADDRESS	1598 S.W. 15TH STREET		1	1.3 STREE	T ADDRES	SS				
CITY+ST-ZIP	BOCA RATON FL			.4 CITY-S	ST•ZIP				Chance	☐ Addition
TITLE		□ DE		2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRESS	لد د و در التواقع و داري و د	t en an en en		2.3 STREE	<u> </u>	is	يصلمون بياني مراياتها ي		e	~ 2 *
CITY-ST-ZIP		□ DE		2. 4 CITY-: 3.1 TITLE	S1-ZIP				☐ Change	Addition
NAME		Ç 50		3.2 NAME			•			_
STREET ADDRESS				3.3 STREE	T ADDRES	35				
CITY-ST-ZIP	·			3.4. CITY-		~			·	
TITLE		☐ DE		4.1 TITLE					☐ Change	Addition
NAME	,		. .	4. 2 NAME						
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1	4.3 STREE	T ADDRE	ss			•	
CITY-ST-ZIP				4.4 C/TY-S	ST-ZIP					
TITLE		□ DE		5.1 TITLE					☐ Change	☐ Addition
NAME	·			5.2 NAME						
STREET ADDRESS				5.3 STREE		SS				
CITY-ST-ZIP		□ DE		5,4 CITY-S 5,1 TITLE		_		· · · · · ·	Change	Addition
TITLE	l . , , , ,						•		المادين المادي	
NAME				6.2 NAME						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does nonqualify 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 trusted 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.

6.4 CITY-ST-ZIP

STREET ADORESS