## 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 # J97534**

1. Corporation Name

4520 NORTH FEDERAL CORP.

Principal Place	e of Business	M:	ailing Address				1	1 1881(18 B) 18 18 18 18 B) 18 B) 18 B	UISI SIUI( B)		EIBH UI	AIL BIBII (BBI
4520 N. FEDERAL HWY. 4520 N. FEDERAL HWY.												
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					!							
							<u> </u>	DO NOT WRITE	IN THIS	SPACE		
]							3.	Date Incorporated or Qualifed 10/16/1987				
2. Principal P	Place of Business	2a.	. Mailing Address					FEI Number			App	olied For
21	• •	26	·					<u>65-0007895</u>				Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired				dditional guired
22 City & Stat	20	27	City & State				-	Election Campaign Financing				May Be
<u> </u>	e	28	Only a dialo				0.	Trust Fund Contribution				ray be Fees
Zip	Country	120	Zip	Cou	ntry		R	This corporation owes the curren	t vear Inta			
24	25	29		30	,			Personal Property Tax.	. ,	Yes	.	□No
[24]	9. Name and Address of Cur		tered Agent	1001				Name and Address of New Reg	gistered /	Agent		
					81	Name		•				
BUL	FIN, BOB					O4 A Addre	/D	O. Day Number is Net Assertable				<del></del> -
2826	6 E. OAKLAND PARK BLVD.				82 Street Address			.O. Box Number is Not Acceptable	3)			
<b>FT.</b> (	L'AUDERDALE FL 33306				83			~ <del></del>				
}					84	C'+ ·				85	Zip C	ode
					54	City			FL	85	Zip C	Vue
11. Pursuant	to the provisions of Sections 607.	0502 and 6	07.1508, Florida Statu	tes, the al	bove	-named corpor	ration	submits this statement for the pu	rpose of	changir	ıg its r	egistered
office or r	registered agent, or both, in the St im familiar with, and accept the ob	rate of Florid	da. Such change was i	authorized	i bv t	the corporation	n's bo	eard of directors. I hereby accept t	he appoir	itment a	as reg	isterea
, -	in lamiliar with, and accept the oc	nganona on	, 0000011 007.0000, 7.5	C.L.								
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable. (NOT	E: Registered	Agent	signature required v	when re	einstating)	DATE			
12.	OFFICERS	AND DIRE	CTORS	13.			Α	ADDITIONS/CHANGES TO OFFIC	ERS AN			
TITLE	D		☐ DELETE	1.1 TIT	RΕ					Cha	inge	☐ Addition
NAME	BEE, DAVID R.			1.2 NA	ME							
STREET ADDRESS	4520 N. FEDERAL HWY.			- 1								
CITY-ST-ZIP	ft. Lauderdale fl			1.3 ST		ADDRESS						
TITLE												
l i			☐ DELETE		REET		·-·			☐ Cha	inge	☐ Addition
NAME		·	☐ DELETE	1.4 CI	REET / TY-ST- TLE					☐ Cha	inge	Addition
NAME STREET ADDRESS			☐ DELETE	1.4 CF 2.1 TII 2.2 NA	REET / TY-ST- TLE VME		-		<u></u>	Cha	inge	Addition
1			☐ DELETE	1.4 CF 2.1 TII 2.2 NA	REET / TY-ST- TLE NME REET /	-ZIP ADORESS						
STREET ADDRESS			☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	REET, TY-ST- TLE NME REET, ITY-ST	-ZIP ADORESS	-			☐ Cha		Addition
STREET ADDRESS CITY-ST-ZIP				1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	TREET A TY-ST- TLE NME TREET A TTY-ST TLE	-ZIP ADORESS	-					
STREET ADDRESS CITY-ST-ZIP TITLE				1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA	REET A	-ZIP ADORESS	-					
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 3.3 ST	REET A	-ZIP  ADORESS  1-ZIP  ADDRESS	-			☐ Cha	inge	Addition
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STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE			DELETE	1.4 CIT 1 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV	REET, IY-ST- ILE  REET, ITY-ST ILE  MME  REET, ITY-ST ILE  AME  AME	-ZIP  ADORESS  1-ZIP  ADDRESS	-	-		☐ Cha	inge	Addition
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME			□ DELETE	1.4 CIT 11 22 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NV 4.3 ST 4.4 CIT 4.4 CIT 11 11 11 11 11 11 11 11 11 11 11 11 11	REET/ ITY-ST- ILE  AME REET/ ITY-ST ILE  AME REET/ ITY-ST ITY-ST	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS		-		☐ Cha	inge	☐ Addition☐ Addition☐
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ DELETE	1.4 CCT 2.1 TII 2.2 NA 2.3 ST 2.4 CCI 3.1 TII 3.2 NA 3.3 ST 3.4 . CCI 4.1 TII 4.2 NN 4.3 ST 4.4 CCT 5.1 TII 5.2 NA 5.3 ST 5.4 CCI 6.1 TII 6.1	REET, ITY-ST- ILE MME REET, ITY-ST- ILE MME REET, ITY-ST- ILE MME REET, ITY-ST- ILE	ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS ADDRESS				☐ Cha	inge	☐ Addition☐ Addition☐
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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 of suppliemental 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 amounted 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

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED** 

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90072 014 \*\*\*150.00