## 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 Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90014 039 \*\*\*150.00

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## DOCUMENT # K12661

1. Corporation Name

R.C. FARRELL, INC.

	•						
Principal Place	e of Business	Mailing Address		( IBB(S)) ( S) (IBC ) ( S) ( S)	),E11 91911 P1E11 E	41611 1001	
8300 S.W. 155 TERRACE MIAMI FL 33157 US		8300 S.W. 155 TERRACE MIAMI FL 33157 US		DO NOT WRITE IN THIS	SPACE		
บจ		03		3. Date Incorporated or Qualifed			l
				01/22/1988			İ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		65-0021781	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A		
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	e .	City & State		6. Election Campaign Financing	\$5.00	May.Be	Ŀ
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip C	ountry	8. This corporation owes the current year Int	angible	Q <sub>2</sub>	
24	25	29 30		Personal Property Tax.		<b>Ф</b> [ио	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		ł
EAD	DELL BOREDT C	•	81 Name	• •	w.		
	RELL, ROBERT C		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	S.W. 155 TERRACE			<u> </u>			
MIAF	VII FL 33157		83				
			84 City		85 Zip (	Code	
				<u> </u>	<u> </u>		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was authoriz	zed by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its intment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Registe	ared Agent signature require	ed when reinstating) DATE			_
12.	OFFICERS ANI		3.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	Š
TITLE	DP	DELETE 1.	1 TITLE		Change	☐ Addition	1
NAME	FARRELL, ROBERT C.	13	2 NAME				3
STREET ADDRESS	8300 SW 155TH TERRACE	12	3 STREET ADDRESS				Ľ
CITY-ST-ZIP	MIAMI FL 33157	1/	4 CITY-ST-ZIP				8
TITLE	DST	☐ DELETE 2.	1 TITLE	<del></del>	☐ Change	☐ Addition	(
NAME	FARRELL, DEBORAH R.	2:	2 NAME				ļ
STREET ADDRESS	8300 S.W. 155TH TERR.	2.	3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157	2.	4 CITY-ST-ZIP				]
TITLE		☐ DELETE 3.	1 TITLE		Change	☐ Addition	
NAME .		3.	2 NAME		<u></u>		<u> </u>
STREET ADDRESS		33	3 STREET ADDRESS				
CITY-ST-ZIP		3	4. CITY-ST-ZIP				
TITLE		DELETE 4.	1 TITLE		Change	Addition	
NAME		4.	2 NAME				
STREET ADDRESS		4.	3 STREET ADDRESS				
CITY-ST-ZIP	1	4.	4 CITY-ST-ZIP				
TITLE		DELETE 5.	1 TITLE		☐ Change	Addition	
NAME							
	•	5.	2 NAME				1
STREET ADDRESS			2 NAME 3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		5.					

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 and the production 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 composetion of 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 of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP