FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT ' CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90072 026 ***150.00

BEVEHLY	r Gould & Associates,	INC.					
Principal Place	e of Business	Mailing Address			1 10E10111 038 11314 0314 1014 11010 0311 0131	i Bibli bibli bibli bi	
13641 SW 103 PLACE 13641 SW 103 PLACE SUITE 1AA31 SUITE 1AA31					DO NOT WRITE IN TH	IIC CDACE	
MIAMI FL 33176 MIAMI FL 33176			•		3. Date Incorporated or Qualifed	13 SPACE	
					08/09/1988		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			65-0065391	Nof	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
27						Fee Re	<u> </u>
City & State -		City & State	٦ ,		6. Election Campaign Financing	55.00 Added to	
23	Country	Zip	Countr		Trust Fund Contribution		5 rees
Zip	25				This corporation owes the current year Personal Property Tax.		□No
24	9, Name and Address of Curre				10. Name and Address of New Registere		
	5, Hallo pila Hadrons or valle		8	1 Name			
Gould, Beverly				Stroot Add	dress (P.O. Box Number is Not Acceptable)		
	1 SW 103 PL.		8:	Z Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAN	11 FL 33176		8:	3			
			84	4 City		. 85 Zip C	ode
				1	F	— į į	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered as	and and title if conlinging (NOTE:	Segistered Ag	ent signature requir	red when reinstating) DATE		 {
12,		ND DIRECTORS	13.	on agricule requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	GOULD, STEPHEN		1.2 NAME	:			ľ
STREET ADDRESS	13641 SW 103 PLACE		1.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE	STD	TD □ DELETE 2.1 TI				Change	☐ Addition
NAME	GOULD, BEVERLY 22		2.2 NAME	:			
STREET ADDRESS	ESS 13641 SW 103 PLACE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE	· •	☐ DELETE	3.1 TITLE	- 1	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	•		3.2 NAME	l			
STREET ADDRESS	_			ET ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-			Change	Addition
TITLE		. LJ DELETE	4.1 TITLE			cago	
NAME			4, 2 NAMI	ET ADDRESS			
STREET ADDRESS	.						
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			☐ Change	Addition
		<u></u>	5.2 NAME				_
NAME CTOCCT ADDRESS			4	ET ADDRESS			
STREET ADDRESS			5.4 CITY-	4			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	:			
ETDEET ADDDESS			6.3 STRE	ET ADORESS			

14. 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 suppliements 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, gramma affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP