

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K35941

1. Corporation Name

SOUTH BROWARD BRACE, INC.

Principal Place of Business

3500 TYLER STR
HOLLYWOOD FL 33021
US

Mailing Address

PO BOX 292615
DAVIE FL 33329
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 AM 9:15



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1988

4. FEI Number

65-0106778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PETTI, VINCENT
5900 S W 164TH TERRACE
FT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PSD
PETTI, VINCENT T
5900 S W 164TH TERRACE
FT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VT
PETTI, KAREN
5900 S W 164TH TERRACE
FT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
PETTI, ROBERT
1621 N. 73 AVE
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

000003022710--2
-10/22/99-01092--006
***150.00 ***150.00

KE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/99 954 922 906/

Date

Daytime Phone #

CR2E034 (5/99)

2

Lance P. Mirrer, CPA, P. A.
Certified Public Accountants & Financial Consultants
P.O. Box 260879
Pembroke Pines, FL 33026
(954) 432-1099/FAX (954) 443-6123
E-mail: cpa@taxmancpa.com

October 7, 1999

Florida Department of State
Division of Corporations
Annual Report Filings
Box 1500
Tallahassee, FL 32302-1500

Re: **South Broward Brace, Inc.**
Doc # K35941

Dear Madam or Sir:

I have received your letter of September 16, 1999, returning the corporate annual report and payment. Please review this case because I believe there is sufficient reasonable cause to abate the late filing fee.


This corporation never received their initial filing notice. When they did not receive your renewal notice, they believed I, as their CPA had filed the report for them.

To avoid this error in the future, we have changed their mailing address to my PO Box where I can monitor and confirm timely payment.

Enclosed are properly completed & executed 1999 Annual Report and payment for the above corporation. On behalf of this corporation, I request you to abate the late filing penalty due to reasonable cause and accept the enclosed payment.

Please call if you need any further information or clarification on this matter.

Sincerely,


Lance P. Mirrer, CPA

SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED # Z 847 019 113