Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90162 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # K57581

1. Corporation Name

| Principal Place of Business Mailing Address SURE A | FTZ GRO | OUP, INC | | | | | | | | | | |
|---|--|--|---|----------------------|---------------|-------------|-------------|---------------------------------------|----------------------------------|-----------------------------|---------------------------------------|--|
| DO NOT WRITE IN THIS SPACE US US DAMA F. 33004-9602 US DO NOT WRITE IN THIS SPACE 1/11/1/1989 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 01/11/1/1989 2. Principal Place of Business 2. Mailing Address 3. Date incorporated or Qualified 01/11/1/1989 2. Principal Place of Business 3. Mailing Address 3. Date incorporation or Qualified 01/11/1/1989 3. Date incorporated or Qualified 01/11/1/1989 3. Principal Place of Business 3. Date incorporation or Qualified 01/11/1/1989 3. Cartificate of Status Desired \$8.175 Addition City & State 2. City & State 2. City & State 2. Country 2. December 2. Trust Fund Contribution Address of Research 2. December 2. December 2. December 3. Trust Fund Contribution Address International Personal Property Tax. Yes Not Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submite this statement for the purpose of champing its registered agent, or both, in the State of Florida. Such change was authorted by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorted by the corporation's board of directors. I hereby accept the appointment are registered agent, or both, in the State of Florida. Such change was authorted by the corporation's board of directors. I hereby accept the appointment are registered agent, or both, in the State of Florida. Such change was authorted by the corporation's board of directors. I hereby accept the appointment are registered agent, or board or printed many or organized agent agen | Principal Place | e of Business | Mailing Address | | | | | 14010 { 6010 1111 100 110 100 1 | 010 1 (804 0 40) (| INES MINIS MENSI MI | ON BIBLI (BD) | |
| DANIA FL 33004-9602 US US US US Suite Apt. #, etc. 2a Mailing Address | 1100 NE 7TH A | VE | 1100 NE 7TH AVE | | | | ì | | | | | |
| 2. Principal Place of Business | | | | | | | | DO NOT WE | ITE IN THIS | CDACE | | |
| Principal Place of Business 2a, Mailing Address 4. FEI Number Applied F 21 26 4. FEI Number 56-0246006 Not Applied F Not A | | | | | 2 Date in | | | | | | | |
| 2. Mailing Address 2. Mailing Address 4. FEI Number Applied | 00 | | 00 | | | | ' | · | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi | 2. Principal Pl | ace of Business | 2a, Mailing Address | | | | 4 | | | App | lied For | |
| Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27 | - | | h-m-unj | | | | | 65-0246906 | _ | Not | Applicable | |
| City & State Country References Country References City & State City & State References Referenc | | #, etc. | Suite, Apt. #, etc. | | | | | Cortifects of Status Desired | | | | |
| Zap Country Zip Country 2 Countr | 22 | | | | _ | <u> – =</u> | | Certificate of Citation Desired | | | | |
| Zip Country Zip Country Agent 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 Agent agent, or both, in the State of Florida. Such change was submits this statement for the purpose of changing its registered Agent 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 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 agent, and manufactured 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 Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN LAYER AGENT | City & State | 3 | City & State | | | | e | | | • | · · · · · · · · · · · · · · · · · · · | |
| 24 | | | | | | | | | | | Fees | |
| 9, Name and Address of Current Registered Agent LOVING, JACK R 1323 SE 3RD AVENUE FORT LAUDERDALE FL 33316 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 register 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, 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, 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, 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, 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, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent and state are registered agent a | — , ' | <u> </u> | | _ | ntry | | 8 | • | rent year Ini | | m _{No} | |
| LOVING, JACK R 1323 SE 3RD AVENUE FORT LAUDERDALE FL 33316 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 89 Zip Code 80 Zip | 24 | | | 30 | ı - | | | | Pagistared | | | |
| LOVING, JACK R 1323 SE 3RD AVENUE FORT LAUDERDALE FL 33316 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | 9. Name and Address of Curren | t Registered Agent | | 81 | Name | 11, | , Name and Address of New | registered | Agont | | |
| 1323 SE 3RD AVENUE FORT LAUDERDALE FL 33316 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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE | LOVE | NG, JACK R | | | Щ | | | | | | | |
| 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE The control of provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the provisions of, Section 607.0505, Florida Statutes. SIGNATURE The control name of registered agent and title if applicable. | | | | | 82 | Street A | Address (| P.O. Box Number is Not Accept | able) | | | |
| 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 register 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. | FOR' | T LAUDERDALE FL 33316 | | | 83 | | | | | | | |
| 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 register 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. | | | • | | | | | | | | | |
| office or registered agent, or both, in the State of Floria. Such change was authorized by the corporation's board of directors. I Title agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | | | | | 84 | City | | | FL | 85 Zip C | ode | |
| TITLE | office or re agent. I ar SIGNATURE | egistered agent, or both, in the State of the obligation of the ob | of Flonda, Such change was aut tions of, Section 607.0505, Flori | tnorized da Stati | i by utes. | tne corpo | oration's t | opard of directors. I hereby acce | pt the appoi | changing its intment as reg | registered istered | |
| NAME | 12. | OFFICERS AN | D DIRECTORS | 13. | | | | ADDITIONS/CHANGES TO OF | FICERS A | ND DIRECTO | RS IN 12 | |
| STREET ADDRESS | TITLE | · - | ☐ DELETE | 1.1 TI | TLE | | | | | ☐ Change | Addition | |
| DANIA FL | NAME | | | 1.2 N | ME | | | | | | Ì | |
| TITLE | STREET ADDRESS | | | 1.3 \$1 | REET | ADDRESS | | | | | | |
| NAME | CITY-ST-ZIP | | | | _ | T-ZIP | | | | | | |
| STREET ADDRESS 1100 NE 7TH AVE #A 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TITLE | | ☐ DELETE | | | | | | | Change | ☐ Addition | |
| CITY-ST-ZIP | NAME | | | | | Ì |] | | | | } | |
| CITY-ST-ZIP | STREET ADDRESS | | | | 1 | | | | - * 8 | | _ | |
| NAME | | DANIA FL | | | | | | | | Change | Addition | |
| STREET ADDRESS 100 NE 7TH AVENUE SUITE #A 33 STREET ADDRESS | | | (*) DETEIE | | | | | | | ☐ Change | ☐ Addidon | |
| DANIA FL 33004 34. CITY-ST-ZIP | | | 44 | | | | | | | | | |
| NAME 4.1 TITLE Change A NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change A | | | #A | | | | | | | | | |
| NAME | | DANIA PL 33004 | □ nei ete | _ | _ | T-ZIP | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change P | | | □ nerese | li . | | j | | | | - sumigo | | |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change P | 1 | | | 1 | | LADDOFCC | | | | | | |
| TITLE DELETE 5.1 TITLE Change A | | | | • | | - 1 | | | | | | |
| | | | ☐ nel ETE | | • | 1-ZIP | | | | ☐ Change | Addition | |
| NAME 52 NAME | | | المراد ال | | | 1 | | | | | | |

CITY-ST-ZIP-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 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 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition