PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DIVISION OF CORPORATIONS						
DOCUMENT # K71450					02-17-1999 90102 038 *****150.00	
1. Corporation Name					•	
FINANCIAL MONITORS, INC.						
					\$ 100(0J) OF 100 (000) 4(0) OF 100 (00)	AL DISIS BARA BIRA BIRA BIRA BIRA BIRA BARA
Principal Place of Business Mailing Address						<u>st minni minni minne asane ûşane ninsi lanı</u>
2555 COLLINS AVENUE #C-1 2555 COLLINS AVENUE #C-1						
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					DO NOT WRITE I	I THIS SPACE
	•				3. Date Incorporated or Qualifed	T THIS SPACE
					03/09/1989	
Principal Place of Business     2a. Mailing Address				<del></del>	4. FEI Number	Applied For
21 26					65-0102166	Not Applicable
	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22						Fee Required
<u> </u>	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
Zip				:rv	Trust Fund Contribution	Added to Fees
24	25		30	. ,	This corporation owes the current y     Personal Property Tax.	/ear intangible ☐ Yes <b>∮</b> No
	9. Name and Address of Current				10. Name and Address of New Regis	
			8	1 Name		
COLTRANE, THOMAS D. 2555 COLLINS AVE. #C-1 MIAMI BEACH FL 33140				2 Street Add	dress (P.O. Box Number is Not Acceptable)	
				- Olivot / Ida	areas (F.S. Box Hamber to Not Acceptable)	
				3		· 建筑器 在 经 图
			8	4 City	F24 (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	85 Zip Code
44 - 5						<b>FL</b>
l office or r	registered agent, or both, in the State o	f Florida. Such change was au	uthorized b	v the corporati	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statute	es.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ad	ent signature require	red when reinstating) D	ATE
12.	OFFICERS AND		13.	,	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	COLTRANE, THOMAS D.		1.2 NAME			
STREET ADDRESS	2555 COLLINS AVENUE #C-1		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-	ST-ZIP		
TITLE	DSTV	☐ DELETE	2.1 TITLE		. 1	Change Addition
NAME	COLTRANE, SILVIA S.		2.2 NAME	•		·
STREET ADDRESS	2555 COLLINS AVENUE #C-1		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	□ 05/5TF	2. 4 CITY			
TITLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME .			3.2 NAME			
STREET ADDRESS	1.			ET ADDRESS		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
CITY-ST-ZIP	_		3.4. CITY			☐ Change : ☐ Addition
NAME		_ 0	4.1 IIILE		•	*
STREET ADDRESS				ET ADDRESS	p = 1	
CITY-ST-ZIP			4.3 STRE			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	:		
CTOCCT ADDDCCC	'		53 STRE	ET ADDRESS	• •	· •

14. Thereby 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.

6.1 TITLE

6.2 NAME

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DELETE

SETOR Date attende 128/2

Change

☐ Addition

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

:R2E034 (11/98)