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

PROFIT-CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K78391

(5)

CORRIDOR ACQUISITION CONSULTANTS, INC.

FILED
May 07 1997 8:00am
Secretary of State



Principal Place of Business  C/O ROBERT T. HINTON  2701 E SUNRISE BLVD. SUITE 416 FORT LAUDERDALE FL 33304		Mailing A	ddress			- I IDDIRIN DIE POEDE IGIOD ISIND IDIOI INDI BIBIL BEBLI BIBIL BIBIL BIBIL BIBIL BIBIL IDDI		
		2701 E S	C/O ROBERT T. HINTON 2701 E SUNRISE BLVD. SUITE 418 FORT LAUDERDALE FL 33304-3220					
						3. Date Incorporated or Qualified 04/06/1989	3a. Date of L 06/07/19	
	lace of Business	<b> </b>	28. Mailing Address			4. FEI Number		Applied For
21			26					Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
City & State	e	27   City &	State			6. Election Campaign Financing	<del> </del>	
3		28	· Onne			Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ	Country	Zip		Countr	у	8. This corporation has liability for		
4	25	29		30			Yes No	
	9. Name and Address of Cur	rent Registered A	Agent			10. Name and Address of New Re	gistered Agent	
	TON, ROBERT T.			81	Name	$\nu/A$		
2701 E. SUNRISE BLVD, SUITE 416					Street Add	tress (P.O. Box Number is Not Acceptate	ole)	
	TE 528			_	ļ	· · · · · · · · · · · · · · · · · · ·		
FOF	RT LAUDERDALE FL 33304			83	3			
				84	City		85	Zip Code
			_		1	rporation submits this statement for the pation's board of directors. I hereby acce	- FL	•
SIGNATURE	Signature, typed or pinted name of registers 3	Fagest and total fappica AND DIRECTORS		UTE Registered Ap	ont signature requ	arrod when resistating)  ADDITIONS/CHANGES TO OFFIC	DATE DIRECT	CTOPS IN 12
TITLE	PST	AND DIRECTORS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ch	
NAME	HINTON, ROBERT T.		becere	1.2 NAME		0//A	_ ·	anga
STREET ADORESS	2701 E SUNRISE BL S 416	1			I ADDRESS	N / F		
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY		·		
TITLE			☐ DELE1E	2.1 TITLE	31 En		☐ Cr	nange 🔲 Additi
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY	S1 - ZIP			
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NAME	•			3.2 NAME				
STREET ADDRESS				3.3 STREE	1 ADDRESS			
CITY-ST-ZIP				3.4. CITY	ST-ZIP			
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NAME				4. 2 NAM				
STREET ADDRESS					1 ADDRESS			
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NAME				5.2 NAME				
STREET ADDRESS					1 ADDRESS			
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TITLE			i i izreetë	61 THLE			니니네	ıorıAc f—t-¥Onir
NAME							-	
Athery (55				62 NAME			<b></b>	
STREET ADDRESS City-St-Zip					T ADDRESS		<u>.                                    </u>	

I for hereby density that the minimination supplies with this filling does not quality for the exemption stated in Section 119.07(3)(i). Forda Statutes. I further certify that the information indicated on this annual report or suppliemental 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 or changed, or on an attachment with an address.

1/20/27

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