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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 102127



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90065 042 ***150.00

1. Corporation PLUMMC	Name LOZ 127			
Principal Place	of Business	Mailing Address		(1881) Att BRUG 1881 Blue with the debut brev brev brev brev brev
14260 SW 136 S BAY #19 MIAMI FL 33188 US	-	14311 SW 142ND AVE P.O. BOX 970465 MIAMI FL 33197-7465		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
03				07/13/1989
2 Principal Pi	ace of Business	2a. Mailing Address	<u> </u>	4. FEI Number Applied For
21		26 1 4260 S.W.	136 54.	65-0132472 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
22	·	27 Bay #19	<u> </u>	5. Certificate of Status Desired Fee Required
City & State	•	City & State	-)	6. Election Campaign Financing \$5.00 May Be
23		28 Miami F	<u>-し</u>	Trust Fund Contribution Added to Fees
Zip	Country	Zip 33186 30	Country	8. This corporation owes the current year Intangible Personal Property Tax
24	9, Name and Address of Current I		Dade	Personal Property Tax.
	9. Name and Address of Current	vedisteled water	81 Name	IV. Name and Advance of New York
PENLAND, JAMES H.				
14311 S.W. 142ND AVE. 14 260 SW 136 ST. 8			82 Street	Address (P.O. Box Number is Not Acceptable)
SUTTE-300 Bay #19 MIAMI FL 33186 Miami FL 33186			83	
MIAN	II FL 33186 Miam	i FL 33186	<u></u>	as 7's Code
}		5 5, - 4	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	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature r	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP.	☐ DELETE	1.1 TITLE	VP Change Addition
NAME (PENLAND, JEFFREY		1.2 NAME	Penland Jeffrey #19 14260 SW 136 St.
STREET ADDRESS	14311 SW 142ND AVE		1.3 STREET ADORESS	Miami FL 33186
C/TY-ST-Z/P	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	P DChange Addition
TITLE	P IAME	D DETELE .	2.1 IIILE 2.2 NAME	
NAME	PENLAND, JAMES 14311 SW 142ND AVE		2.3 STREET ADDRESS	Penland, James 14260 SW 136 St. #19
STREET ADDRESS			2.4 CITY-ST-ZIP	Miami FL 33186
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	3.1 TITLE	Change Addition
NAME I			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP_	•		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS	•		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY+ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	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 tractee 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

'REQUIRED