## Mar 02, 1999 8:00 am Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

Zip Code

**FILED** 

03-02-1999 90033 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L06521

1. Corporation Name

TIMED AND ACCOUNTED INC

HINED WIN	U ASSOCIATES, INC.							
Principal Place of Business Mailing Address			SS			I INTERIOR OF THE THIRD CHIEF THE CHIEF THE CONTRACT OF THE CO		
4130 N.W. 10TH A		4130 N.W. 10TH AVENUE FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS S	SPAC	E	
						3. Date Incorporated or Qualifed 08/02/1989		
Principal Place of Business     21		2a. Mailing Ad	2a. Mailing Address		4. FEI Number 65-0197886	-	_	
Suite, Apt. #,	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8. F	
City & State		City & Star	te			6. Election Campaign Financing  Trust Fund Contribution	-\$5 Ad	
Zìp	Country 25	Zip	30	untry		This corporation owes the current year Intal     Personal Property Tax.	ngible	
	9. Name and Address of Co	rrent Registered Agen	t			10. Name and Address of New Registered A	gent	_
TINED	, JAMES			81	Name			
	NE 58TH ST			82 Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33308				83				
				84	City	FL	85	-

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PVD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	TINER, JAMES L.	1.2 NAME					
STREET ADDRESS	2700 NE. 58TH ST.	1.3 STREET ADDRESS	,				
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP					
TITLE	TSD □ DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	TINER, JEAN M	2.2 NAME					
STREET ADDRESS	2700 NE 58TH ST.	2.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL. 33308	2.4 CITY-ST-ZIP					
TITLE	□ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
IIILE	☐ 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		54 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME	· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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.

SIGNATURE:

954.771-7180