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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1.00704

Principal Place of Business	Mailing Address		
11831 NW 29TH PLACE	11831 NW 29TH PLACE		
FT LAUDERDALE FL 33323	FT LAUDERDALE FL 33(:23		

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90161 009 ***150.00

1. Corporation	PLUS, INC.	•				
Principal Place	of Business	Mailing Address				
11831 NW 29TH	PLACE	11831 NW 29TH PLACE				
FT LAUDERDALE FL 33323 FT LAUDERDALE FL 33323			DO NOT IMPLIE IN THIS STACE			
				DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed		
				10/03/1989		plied For
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		t Applicable
21		26		65-0136617	\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Ro	
City & State		City & State		C. Flort on Compaign Financing	\$5.00	
_	3			6. Elect on Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	This porporation owes the current year		•
⊢ − '		29 30	¬ · · ·	Personal Property Tax.	Yes	No
24	9 Name and Address of Curre			10. Name and Address of New Register		
o. Hunte und Acquest of Carlot						
BRO	WN, EROL		4	ROL BROWN		
	1 NW 29TH PLACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	7	
	AUDERDALE FL 33323		83	DI TAIN MINE PERCE		
=						
			84 City ≤;∪		L 85 Zip 3	323
11. Pursuant to the provisions of Sections 607.050/2 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						
I agen' Lam familiar with and accent the obligations of Section by Lucipo, Florida Statutes.						
		EROL BROWN		Apr. 26	, 1999	
SIGNATURE	Signature, typed or printed name of registered ag		egistered Agent signature n quire	, ,		
12.	OFFICERS A	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	Brown, Erol		1.2 NAME			
STREET ADDICESS	11831 NW 29TH PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33323		14 CITY-ST-ZIP			
TITLE	D	☐ OELETE	2.1 TITLE		☐ Change	Addition '
NAME	Seale, Denise		2.2 NAME			
STREET ADDRESS	11831 NW 29TH PLACE		2.3 STREET ADDRESS			j
CITY-ST-ZIP	FT LAUDERDALE FL 33323		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			
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			52 NAME			}
STREET ADDICESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		_	62 NAME			
, I			6.3 STREET ADDRESS			1
STREET ADDICESS			6.4 CITY-ST-ZIP			
I TTV.ST.7ID			■ 4-1 ALL AL FILE			

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 one allocations and 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 one allocation of the corporation of the receiver or trustee empowered.

SIGNATURE: