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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State
DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

## FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90024 038 \*\*\*150.00

Principal Place of Business   490 TAYLOR LANE   490 TAYLOR LANE   DANIA FL 33004   US    2. Principal Place of Business   2. Mailing Address   2. Mailing Address   3. Date Incorr   11/30/15   2. Principal Place of Business   2. Mailing Address   3. Date Incorr   11/30/15   3. Date	Applied For Not Applicable  \$8.75 Additional Fee Required  May Be Added to Fees  Added to Fees  Applied For Not Applied For No
AND TAYLOR LAND DANIA FL 33004 US  3, Date Incompany Flace of Business 21 22 26 27 28 29 29 29 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	orated or Qualifed  89  Applied For Not Applicable  1 Status Desired Status Desired  May Be Added to Fees  ation owes the current year Intangible
US  US  3. Date Incorp 11/30/19  2. Principal Place of Business 2a. Mailing Address 2f. Suite, Apt. #, etc. 27  City & State 27  City & State 27  City & State 28  Zip Country 29  29  30  Name and Address of Current Registered Agent  MISER, SCOTT A. 490 TAYLOR LANE DANIA FL 33004  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and the if applicable.  MISER, SCOTT A.  490 TAYLOR LANE DANIA FL 33004  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, hyped or printed name of registered agent and the if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  TITLE  DP  NAME  MISER, SCOTT A.  TITLE  DST  NAME  MISER, JOYCE E.  721 MOCKINGBIRD LANE PLANTATION FL  TITLE  A  DST  NAME  MISER, JOYCE E.  721 MOCKINGBIRD LANE PLANTATION FL  TITLE  A  DELETE  1.1 TITLE  2.2 NAME 2.3 STREET ADDRESS  TOTY. ST- 2P  2.2 NAME 2.3 STREET ADDRESS  TITLE  A  MISER, JOYCE E.  721 MOCKINGBIRD LANE PLANTATION FL  TITLE  A  MISER, JOYCE E.  721 MOCKINGBIRD LANE PLANTATION FL  TITLE  A  MISER, JOYCE E.  721 MOCKINGBIRD LANE PLANTATION FL  TITLE  A  MISER JOHN S.  SIREET ADDRESS  TITLE  A  METZ, JOHN S.  SIREET ADDRESS  SIREET	orated or Qualifed  89  Applied For Not Applicable  1 Status Desired Status Desir
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City & State	Contribution Added to Fees ation owes the current year Intangible
Zip Country Zip Country  Zip Country Zip Country  3, Name and Address of Current Registered Agent  9, Name and Address of Current Registered Agent  MISER, SCOTT A. 490 TAYLOR LANE DANIA FL 33004  81 Name  82 Street Address (P.O. Box Nu Bay	Contribution Added to Fees ation owes the current year Intangible
Zip Country Zip Country Zip Country 8. This corpo Personal F 9. Name and Address of Current Registered Agent 10. Name and Signature Registered Agent 10. Name and MISER, SCOTT A. 490 TAYLOR LANE DANIA FL 33004 81 Street Address (P.O. Box Nu Bay City Street Address (P.O.	
9. Name and Address of Current Registered Agent  MISER, SCOTT A. 490 TAYLOR LANE DANIA FL 33004  82 Street Address (P.O. Box Nu  83 B4 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DP  NAME  MISER, SCOTT A.  721 MOCKINGBIRD LN  STREET ADDRESS  721 MOCKINGBIRD LN  PLANTATION FL  NAME  MISER, JOYCE E.  STREET ADDRESS  721 MOCKINGBIRD LANE  PLANTATION FL  14 CITY-ST-ZIP  TITLE  NAME  MISER, JOYCE E.  721 MOCKINGBIRD LANE  PLANTATION FL  13. ADDITIONS  14 CITY-ST-ZIP  DELETE  22 NAME  32 Street Address (P.O. Box Nu  R4 City  NOTE: Registered Agent signature required when reinstating)  15. ADDITIONS  16. TITLE  17. TITLE  18. ADDITIONS  19. CITY-ST-ZIP  DELETE  19. TITLE  NAME  MISER, JOYCE E.  721 MOCKINGBIRD LANE  PLANTATION FL  10 DELETE  21 TITLE  NAME  METZ, JOHN S.  STREET ADDRESS  211 COUNTY GABLES	
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490 TAYLOR LANE DANIA FL 33004  82 Street Address (P.O. BOX No. BAY NO	
DANIA FL 33004  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS  TITLE  DP  MISER, SCOTT A.  1.2 NAME  STREET ADDRESS  721 MOCKINGBIRD LN  TITLE  DST  DELETE  1.1 TITLE  DST  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL  DELETE  2.1 TITLE  NAME  MISER, JOYCE E.  STREET ADDRESS  721 MOCKINGBIRD LANE  STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL  DELETE  3.1 TITLE  A  METZ, JOHN S.  STREET ADDRESS  211 COUNTY GABLES  3.3 STREET ADDRESS  3.3 STREET ADDRESS  3.3 STREET ADDRESS	nber is Not Acceptable)
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 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)	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/9/99 (954)926-0308