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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # L38807



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Check # 3789

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90027 048 ***150.00

Principal Place of Business Mailing Address 2812 NE 37TH ST 2812 NE 37TH ST FT.LAUDERDALE FL 33308 FT.LAUDERDALE FL 33308 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied F 21 26 -Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition 22 7 Fee Required	or cable nal
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5. Certificate of Status Desired U	e
1221	
City I Ctate	
23 City & State 6. Election Campaign Financing Added to Fees	,
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax. Yes No	
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	}
LOUGHNANE, WILLIAM P. 82 Street Address (P.O. Box Number is Not Acceptable)	
2812 NE 3/1H S1	
FT.LAUDERDALE FL 33308	Ì
84 City 85 Zip Code	$\neg \neg$
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 register 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	d
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Streamer breet or conted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	-
Signature, types of printed name of registered agent and unled in applications. (I/OTE. Registroot agent and unled in applications in the property of the printed printed in the printed print	12
	Addition
NAME LOUGHNANE, WILLIAM P. 1.2 NAME	Ì
STREET ADDRESS 2812 NE 37TH ST 1.3 STREET ADDRESS	- 1
CITY-ST-ZIP FT.LAUDERDALE FL 33308 1.4 CITY-ST-ZIP	
TITLE	Addition
NAME 22 NAME	ŀ
STREET ADDRESS 23 STREET ADDRESS	,
CITY-ST-ZIP 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
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NAME 4.2 NAME	
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CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change ☐ // Change	Addition
E 2 NAME	
NAME E 2 STOCKET ADDRESS	
STACE AUDICES	
CITI-ST-ZIP	Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	ļ
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 by a statement with an address, with all the rike empowered.

SIGNATURE:

Feb-19-1999