


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

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Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90010 004 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45764 ✓
1. Corporation Name
3471, Inc.

Principal Place of Business
Mailing Address
2642 NE 12TH ST.
FT. LAUDERDALE, FL
33304

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 4129
22 City & State	27 City & State
23	28 Ft. LAUDERDALE, FL
24 Zip	29 33338
25 Country	30 Broward

3. Date Incorporated or Qualified	4. FEI Number	Applied For
1-23-90	65-0221615	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent
A.J. WASSON
2642 NE 12TH STREET
FT. LAUDERDALE FL 33304

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  DATE 6-28-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.S.T.D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.J. WASSON	1.2 NAME	
STREET ADDRESS	2642 NE 12TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL 33304	1.4 CITY-ST-ZIP	
TITLE	V.P. ASST. TREASURER	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET A. BOYLE	2.2 NAME	
STREET ADDRESS	1601 E. LAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD. FL 33316	2.4 CITY-ST-ZIP	
TITLE	V.P. ASST. SEC.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J. BOYLE III	3.2 NAME	
STREET ADDRESS	1601 E. LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  A.J. WASSON, PRESIDENT
6-28-99 (954) 561-2664
Date Daytime Phone