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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L55549

1. Corporation Name

FLORIDA FINANCIAL HOLDING CORPORATION

Principal Place of Business	Mailing Address
1177 SE THIRD AVE	1177 SE THIRD AVE
FT LAUDERDALE FL 33316	FT LAUDERDALE FL 33316

## FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90118 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed 03/05/1990		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	T Apr	olied For
<del></del>	ace of business	26				65-0195310	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~=			5 Contiferate of Status Desired	8.75 A	dditional
City & State		City & State					5.00	·
23	<del>3</del> ·	28				1 **	Added t	*
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangit	ole	
24	25	29	30			Personal Property Tax.	⁄es	No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	nt	
				81	Name	•		
PERLOFF, JOHN W. 1177 SE THIRD AVE			i	82 Street Address (P.O. Box Number is Not Acceptable)				
			l		Oli CCC / loui c			
ុ អាជ	AUDERDALE FL 33316			83				
ı				84	City	FL <sup>88</sup>	Zip C	ode
			!				nina ita	rogistored
office or re	soletored agent or both in the State (	of Finada. Such change was a	ilitnorized	DV IF	named corpo ne corporatio	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointme	nt as re	gistered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statu	ıtes.				
SIGNATURE			: n	A	-lanatura condend	d when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN	,	13.	Agents	signature required	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
TILE	DP OFFICERS AN	D DIRECTORS DELETE	1.1 TIT	LE			Change	Addition
NAME	BARKER, ART		1.2 NA					ļ
STREET ADDRESS	1313 S. ANDREWS AVENUE				ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			TY-ST-		•		
TITLE	VSD	☐ DELETE	2.1 TIT				Change	Addition
NAME	PERLOFF, CYNTHIA L.		2.2 NA	ME				İ
STREET ADDRESS	1177 SE 3RD AVENUE		2.3 ST	REETA	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		2. 4 CI	TY-ST-	-ZIP	water the state of	• •	
TILE	T	☐ DELETE	3.1 TIT	ΠE		. 🗆	Change	☐ Addition
NAME	BARKER, SHELLY		3.2 NA	ME	ļ			
STREET ADDRESS	1313 S. ANDREWS AVENUE		3.3 ST	REETA	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. C	ΠY-ST-	-ZIP			
TITLE		☐ DELETE	4.1 ⊞	ΠE			Change	Addition
NAME (			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REETA	ADDRESS			i
CITY-ST-ZIP				TY-ST-	ZIP		Change	Addition
TITLE		· DELETE	5,1 TD			. L	Change	☐ Wodillou
NAME			5.2 NA		*DDD505	•		
STREET ADDRESS	_				ADORESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	[*] pri see	5.4 CI 6.1 TI	TY-ST-	ZIP		Change	☐ Addition
TITLE (		☐ DELETE	6.2 N/			u	Juliango	
NAME	•		- 6		*DDDECC			
STREET ADDRESS			- 1		ADDRESS			Ī
CITY-ST-ZIP			6.4 CI	ty-St-	41°	·		

4. 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 762 - 340 Daytime Phone #