FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62823

1. Corporation Name

NAME

MLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CDY-ST-ZIP

APPEAR	RANCE PLUS OF FORT LA	uderdale, inc.				
Principal Plac	e of Business	Mailing Address				
C/O KEVIN M. PIERSON						
266 S. W. 15 STREET 266 S. W. 15 STREET						
DANIA FL 3300	04	Dania Fl. 33004				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 04/05/1990
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26				65-0183067 Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 29	Co.	untry		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curr	ent Registered Agent		Τ		10. Name and Address of New Registered Agent
PIERSON, KEVIN M 266 SW 15 ST DANIA FL 33004				81 82 83	Name Street A	Address (P.O. Box Number is Not Acceptable)
				84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.01 registered agent, or both, in the Statem familiar with, and accept the obligations.	502 and 607.1508, Florida Statu te of Florida. Such change was a gations of, Section 607.0505, Flo	tes, the a authorize onda Stat	bove d by tutes	e-named corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a					required when reinstating) DATE
12.		AND DIRECTORS	13.		t signatoro req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change ☐ Addit
NAME	PIERSON, KEVIN M.		1.2 N	AME	(
STREET ADDRESS	266 SW 15 ST		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	DANIA FL		1.4 0	ITY-SI	r-21P	
TITLE			2.1 T	2.1 TITLE		Change Addit
NAME			2.2 N	AME	-	
STREET ADDRESS	,		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		•	•	XTY-S]	
TITLE			3.1 TITLE		☐ Change - ☐ Addit	
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET	ADORESS	
CITY-ST-ZIP			34.0	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 T			☐ Change ☐ Addit

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.

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

[] DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-8T-ZIP

SIGNATURE

Addition

☐ Addition

Change

[] Change