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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1 CEE11



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 01, 1999 8:00 am Secretary of State

05-01-1999 90026 012 ***150.00

1. Corporation	Name LOSSII										
•	I. TUTT, P.A.										
DOUGL !!	r (vit) f vr.,							a l a lta) a ltal t			BIAH AIDII IBAI
Principal Place	e of Business	Mailin	g Address				I IDD4\$E\$I DID E\$I		(E E I II E I E I E I		BIE!! 2 81 88
7900 PETERS RAOD 7900 PETERS ROAD											
SUITE B-100 SUITE B-100											
PLANTATION FL 33324 PLANTATION FL 33324							DO NOT WRITE IN THIS SPACE				
US US							3. Date Incorporated	or Qualifed			- 1
	<u> </u>						04/16/1990				
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				oplied For
21 26 Suite Apt # etc						65-0188217	<u> </u>			ot Applicable Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Statu	s Desired	□ .		equired	
22											·
¬ '			iy a state				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	[28] Zip		С	ountry		8. This corporation of		rent vear Int		
_ _		⊢ ·		30			Personal Property			Yes	□No
24	9. Name and Address of Curren		ed Agent	1301	\top		10. Name and Addre		Registered .	Agent	
					81	Name				•	
DIANE N. TUTT (NO CHARGE)					80	Charact Ada	(D.O. Day Number in Net Acceptable)				
7900 PETERS RAOD					02	82 Street Address (P.O. Box Number is Not Acceptable)					İ
SUTIE B-100					83						
PLAI	NTATION FL 33324								_		Codo
					84	City	FL 85 Zip Code				Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1	1508, Florida Statut	es, the	above	e-named cor	poration submits this state	ment for the	purpose of	changing its	s registered
	egistered agent, or both, in the State of members with, and accept the obligations.						ion's board of directors. I	hereby acce	pt the appoil	ntment as re	egistered
	III lattillat with, and accept the obliga-	nons or, oc	CLIDIT GOT . GOOD, T IC				,				-
SIGNATURE	Signature, typed or printed name of registered agen	t and title if app	olicable. (NOTE	: Registe	rød Agen	t signature requi	ed when reinstating)		DATE		<u>.</u>
12.	OFFICERS AN	D DIRECT	ORS	1	3.		ADDITIONS/CHAN	GES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1	TITLE	ŀ			•	☐ Change	☐ Addition
NAME	TUTT, DIANE H.			1.2	NAME					•	
STREET ADDRESS	7900 PETERS ROAD, B-100			1.3	STREET	ADDRESS					
CITY-ST-ZIP	PLANTATION FL			1.4	CITY-S1	r-ZIP					
TITLE	,		□ DELETE	2.1	TITLE			•		☐ Change	☐ Addition
NAME				2.2	NAME			•			
STREET ADDRESS				2.3	STREET	ADDRESS					
CITY-ST-ZIP					4 CITY-S	T-ZiP	····		, e., .		T Addition
TITLE			DELETE	3.1	TITLE	Ì				☐ Change	☐ Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRESS					
CITY-ST-ZIP				_	CITY-S	T- ZIP	_	<u>.</u>			- Addition
TITLE	.		☐ DELETE		TITLE					Change	☐ Addition
NAME				4.	2 NAME						}
STREET ADDRESS				4.3	STREET	ADDRESS					į
CITY-ST-ZIP				_	CITY-S	r-zip			_		Addition
TITLE			☐ DĒLĒTĒ		TITLE		•			☐ Change	Addition
NAME					NAME				•		
STREET ADDRESS	}			1		ADDRESS					-
CITY-ST-ZIP			<u> </u>		CITY-ST	1-ZIP				Change	Addition
TITLE			☐ DELETE	II.						□ cuange	L] Addition
NAME					NAME			•		•	
STREET ADDRESS					STREET CITY-ST	ADDRESS					

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 on an attachment with an address, with all other like empowered.

SIGNATURE: