PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90041 013 ***150.00

DOCUMENT #	1.83436
1. Corporation Name	LOO 100

Corporation Name

WHITE 8	WHITE & ASSOCIATES, P	.A.					
Principal Place	e of Business	Mailing Address			INCIDENT AND INCIDENT HISTORY COLOR AND	II AIAN BIBSI AIAN	ATAST ATATE IN \$5
ONE N.E. SECO	OND AVENUE	ONE N.E. SECOND AVENUE	E				
SUITE 200 SUITE 200							
MIAMI FL 33132 MIAMI FL 33132		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 06/25/1990	-	
2. Principal Pl	lace of Business	2a. Mailing Address			4, FEI Number	⊢	plied For
21		26			65-() <u>207980</u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional equired
22		27 City & Ctata				· ·······	
City & State	e	City & State			6. Election Campaign Financing	•	May Be to Fees
23	00	28	Country		Trust Fund Contribution		O FEES
Zip	Country	Zip	_ '		This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	□No
24	9. Name and Address of Current		30		10. Name and Address of New Registers		
	9. Name and Address of Current	Registered Agent	81	Name	10. Teams and Address of Non-Neglesia	, a, , , g	-
WHI	TE, OSCAR A.						
	NE SECOND AVE.		82	Street /\d	ddress (P.O. Box Number is Not Acceptable)		
	MI FL 33132		83				
i inichi	WI I E 30 102		03				
			84	City	[=	85 Zip	Code
	007.050	2 4 CO7 1E09 Florido Staute	on the show	nomod vo	prporation submits this statement for the purpose	_	registered
affina ar r	to the provisions of Sections 607.050, egistered agent, or both, in the State of m familiar with, and accept the obligat	of Elocida. Such change was al	HITCHIZER DV	ine corocia	ation's board of directors. I hereby accept the app	pointment as re	gistered
SIGNATURE					uired when reinstatin :) DATE		
	Signature, typed or printed name of registered age	D DIRECTORS	13.	it signature re qu	uired when reinstatin i) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	D OFFICERS ALT	DELETE	1.1 TITLE		ABBITIONS OF INTO 20 TO ON TO EACH	Change	Addition
	WHITE, OSCAR A.	_	1.2 NAME				
NAME	ONE NE SECOND AVE.		1.3 STREET	r ADDDESS			
STREET ADDITESS							
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-S' 2.1 TITLE	1-ZIP		Change	Addition
TITLE	VPS		2.2 NAME				
NAME	WHITE, JAY A.			r ADDOCEOO			
STREET ADDICESS	ONE NE SECOND AVENUE		2.3 STREET 2. 4 CITY-S				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.1 TITLE			Change	Addition
TITLE		C Decere	3.2 NAME	ľ		_ ,	
NAME			3.3 STREET	TADDRESS			
STREET ADDICESS							
CITY-ST-ZIP		☐ DELETÉ	3.4 CITY-S 4.1 TITLE	- ZIP		☐ Change	☐ Addition
TITLE		_ bearie	4.2 NAME			_ ,	_
NAME			4.2 NAWE	r ADDDCCC			
STREET ADDRESS							
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S' 5.1 TITLE	1-ZIP _		Change	Addition
TITLE		_ bettie	5.2 NAME				
NAME.				TADDRESS			İ
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		☐ Change	Addition
TITLE			6.2 NAME			_ ,	
NAME				TADDRESS			
STREET ADDICESS	l		5.5 GHALL				

14. 1 here by 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 of suppliemental annual report is true and accurate and the my signature shall have the same legal effect as if made under oath; that I am an office: or director of the corporation or the receiver or taustee employered 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 appress with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED O E PRINTED NAME OF SIGNING OF FILER ON DIRECTOR

JAY WHITE

1/23/59 35-35870 Daytime Phone # CR2E034 (11/9