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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 1 87406

FILED
Apr 29, 1999 8:00 am
Secretary of State
04.20.1000.00102.006.***150.00

04-29-1999 90103 006 \*\*\*150.00

1. Corporation	SOCIATES, INC.						
Principal Place of Business Mailing Address					1 HOUSENEL BAS LEAST DEATH DESTRUCTION OF BEING DELIN S	494 BIBIS <b>BIBI</b> S BIBI	i 19 <b>5</b> 1 1564 1564 1
5030 SW 98 CT 5030 SW 98 CT							
MIAMI FL 33165 MIAMI FL 33165					DO NOT WRITE IN THIS SPACE		
us us					3. Date Incorporated or Qualifed	HIS SPACE	
•					·		ĺ
2 Principal P	face of Business	2a. Mailing Address		<del></del> -	07/13/1990 4. FEI Number	— <sub>  T</sub>	Applied For
21	ace of business	26			65-0211561	<b>⊢</b>	vo: Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22 27					5. Certifcate of Status Desired	<b>+</b>	Re autred
City & State City & State					6. Election Campaign Financing	\$5.00	1) May Be
28					Trust Fund Contribution		to Fees
Zip	Country Zip		Countr	у	8. This corporation owes the current year	Intangible	
24	··		30		Personal Property Tax.	☐ Yes	₹No
	9. Name and Address of Curren:	Registered Agent		<del> </del>	10. Name and Address of New Register	red Agent	
DUM	IKLIN, CAROLYN ROSSER		81	Name			
			82	Street A	Idress (P.O. Bo); Number is Not Acceptable)		
5030 SW 98 CT - MIAMI FL 33165			-	ļ			
· INCOME	WI FL 33 103		83	1			ļ
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statt	tes, the above	e-named co	reporation submits this statement for the purpose	of changing it	ts registered
office or r	egistered agent, or both, in the State c m familiar with, and accept the obligate	f Florida. Such change was	authorized by	/ the cornor:	ition's board of directors. I hereby accept the ap	prointment as r	reg-stered
SIGNATUFE	The state of the s						ĺ
	Signature, typed or printed na ne of registered agent			ent signature requ	ired when reinstating) DATE		
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DIRECTION CAROLIVIA DOCCED	☐ DELETE	1.1 TITLE 1.2 NAME	}		☐ Change	: Addition
NAME				ļ			i
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	MIAMI FL 33165			ST-ZIP		☐ Change	Addition
TITLE	I DUNKLIN ( OLAGO COLVECT)					Change	,
NAME OTDECT 400005 30	BUNKIN, WALTER (PLEASE COTTECT)			TADDRESS			{
STREET ADDRESS	5030 SW 98 CT	,		TADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33165	DELETE	2. 4 CITY- 3.1 TITLE	31-ZIP		Change	Addition
NAME	_			]			_
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-\$T-ZIP	MIAMI FL 33165		34 CITY-				ŧ.
TITLE		☐ DELETE	4 1 TITLE	-:		☐ Change	Addition
NAME			4. 2 NAME				ĺ
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-5				
TITLE		DELETE	51 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			1
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-ST-ZIP			6 4 CITY-5	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 cartify that the information indicated on this annual report or supplemental a hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I a n 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATULE AND TYPE OR PIRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (20) 374-9303

CR2E034 (11/98)