## 05-03-1999 90046 008 \*\*\*150.00

## FILED May 03, 1999 8:00 am Secretary of State

## 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** 

DOCL	JMENT	*# L	97	887
		· · L		UU1

THE DO	WNTOWN NEIGHBORHOO		-		
Principal Place	of Business ,	Mailing Address			
518 BANYAN BLVD. 518 BANYAN BLVD. W PALM BCH. FL 33401 US US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
				09/04/1990	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0230037	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29 30	)	Personal Property Tax.  10. Name and Address of New Registered	
·	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
COR	NING, LAWRENCE				
518 BANYAN BLVD.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	ALM BCH. FL 33401		83		
			84 City		85 Zip Code
				Fl	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was altif	ionzen av the comoraui	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as registered
SIGNATURE	Stgnature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	gistered Agent signature require		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORNING, LAWRENCE	•	1.2 NAME		
STREET ADDRESS	518 BANYAN BLVD.		1.3 STREET ADDRESS	·	
CITY-ST-ZIP	W PALM BCH. FL 33401		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE		□ Citalige □ Addition
NAME			2.2 NAME		
STREET ADDRESS	-		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	. 12	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		[] Change [] Addition
NAME	`.		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	*	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	, , , ,	□ pere≀e	4.1 TITLE		C ourside C variation
NAME			4. 2 NAME	•	
STREET ADDRESS	÷.		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY- ST-ZIP		Change Addition
TITLE			5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP	•	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		DECE.5	6.2 NAME		<del></del>
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
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 changes or on an attachment with an address, with all other like empowered.

**SIGNATURE:**