05-04-1999 90052 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

DENNISON, JOHN

15700 NW 67 AVE SUITE 200

MIAMI LAKES FL 33014



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	M02565

Principal Place of Business	Mailing Address		
4025 NW 58TH COURT MAMI LAKES FL 33014-3116	14025 NW 58TH COURT MIAMI LAKES FL 33014-3116		
2 Principal Place of Rusiness	2a Mailing Address		
,	2a. Mailing Address		
1	2a. Mailing Address 26 Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 . Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 .		
Suite, Apt. #, etc.	26 . Suite, Apt. #, etc.		

9. Name and Address of Current Registered Agent

|--|--|

DO NOT WRITE IN THIS SPACE

4.	FEI Number	Applied For	
	59-2431340	Not Applicab	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees,	
8.	This corporation owes the current year I Personal Property Tax.	Intangible ☑ Yes No	
10.	Name and Address of New Registere	d Agent	
	•		
	.O. Box Number is Not Acceptable)		

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83

Name

Street /

City

SIGNATURE	• •		•			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature req				
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
TITLE	DV DELETE	1.1 TITLE		Change	Addition	
NAME	THORNE, VERONIKA	1.2 NAME				
STREET ADDRESS	2625 SEA ISLAND DR	1.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	CHIEF			
TITLE	DP DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	THORNE, GEORGE	2.2 NAME			Ì	
STREET ADDRESS	2625 SEA ISLAND DR	2.3 STREET ADDRESS				
CiTY-ST-ZIP	FT_LAUDERDALE FL	2.4 CITY+ST+ZIP	and the second s	<u> </u>		
TITLE	STD DELETE	3.1 TITLE		Change	Addition	
NAME	ORTIZ, TATIANA	3.2 NAME				
STREET ADDRESS	14025 NW 58 COURT	3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4. CITY-ST-ZIP				
TITLE	D DELETE	4.1 TITLE		☐ Change	Addition	
NAME	HEDIGER, VALERIE	4. 2 NAME				
STREET ADDRESS	2823 OAKBROOK DRIVE	4.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP		4017		
TITLE	☐ DELETE	5.1 TITLE		. Change	☐ Addition	
NAME .	,*	5.2 NAME				
STREET ADDRESS	·	5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY- ST-ZIP				
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	· ·	6.2 NAME	•			
STREET ADDRESS		6.3 STREET ADDRESS	•			
CITY-ST-ZIP	·.	6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: