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

Mailing Address

% CARL N. SINGER

3650 N. 36TH AVENUE - VILLA 36

HOLLYWOOD FL 33021-2556

PROFIT CORPORATION ANNUAL REPORT

1999

all Place of Business

YWOOD FL 33021-2556

RLIN, SINGER IN, 36TH AVENUE - VILLA 36



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # MO8013

CARL SINGER ASSOCIATES, INC.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90029 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

| 1997年 - 71   1   |   | 3. Date Incorporated or Qualifed |  |
|--|---|----------------------------------|--|
|  |   |                                  | 3. Date Incorporated or Qualified 11/20/1984   |
| Principal Place of Business  | 2a. Mailing Address                     |                                  |  |
| ABOUE  | 26 4300 F                               |                                  | 59-2471491 Applied For Not Applied For   |
| Buite, Apt. #, etc.  |   |                                  |  |
|  | 27                                      |                                  | 5. Certificate of Status Desired. Fee Required   |
| City & State   | City & State                            |                                  | 871 247  |
| 1.1  | — · · · · · · · · · · · · · · · · · · · |                                  | 6. Election Campaign Financing A \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip Country  | Zip                                     | Country                          |  |
| <b>3</b> 110   | Ь                                       | Country                          | 8. This corporation owes the current year Intangible Personal Property Tax.  |
| [25]   |   |                                  |  |
| 39. Name and Address of Current Registered Agent   |   | 81 Name                          | 10. Name and Address of New Registered Agent   |
| SINGER, CARL N   |   | o i Name                         | <b>在所能性的</b>   |
| B650 N. 36TH AVENUE - VILLA 36   |   | 82 Street Addre                  | ess (P.O. Box Number is Not Acceptable)  |
| HPM Prior troop re   |   |                                  | 100 to 10 |
| HÖLLWOOD FL  |   | 83                               | · · · · · · · · · · · · · · · · · · ·  |
|  |   | 84 City                          | 85 Zip Code  |
|  |   | City                             | *  |
| Transport 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   |   |                                  |  |
| 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 philosophic or registered agant, 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 family a with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |                                  |  |
|  |   |                                  |  |
| NATURE Signature, typed or printed name of registered agent a  | and little if applicable (NOTE: Regis   | stered Agent signature required  | d when reinstating) ************************************   |
| OFFICERS AND   |   | 13.                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| ia DP  |   | 1.1 TITLE                        |  |
| SINGER, CARL   |   | 1.2 NAME                         | , ☐ Change ☐ Addition  |
| \$10 LOSE NO AND MILE OF   |   |                                  | A SEPTEMBER OF   |
| HOUNGOOD EL  |   | 1.3 STREET ADDRESS               | ्र अंदितिक त्यापुर्विक त्यापु  |
| W ST-ZIP HULLYWUUD FL  |   | 1.4 CITY-ST-ZIP                  | ्रा अपनि विभिन्न । Change ∏ Addition   |
| <b>J.E</b>   |   | 2.1 TITLE                        | た 「  |
| MAE)   |   | 2.2 NAME                         |  |
| RETADORESS   | :                                       | 2.3 STREET ADDRESS               |  |
| Y ST-ZIP   | !                                       | 2. 4 CITY-ST-ZIP                 | A description of the second se |
| <b>期</b> 保持36450   | ☐ DELETE                                | 3.1 TITLE                        | Change Addition  |
|  | :                                       | 3.2 NAME                         | (17位置) 4 月(27 mm) - 1 mm - 1   |
| MIETADORESS: 1-  |   | 3.3 STREET ADDRESS               |  |
| High district Fig.   | l,                                      | 3.4. CITY-ST-ZIP                 | 「「「「」」   「「」   「「」   「「」   「「」   「「」      |
|  |   | 4.1 TITLE .                      | ☐ Change ☐ Addition  |
|  |   | 4. 2 NAME                        |  |
| Authorages   |   | 4.3 STREET ADDRESS               | * 等數學是   |
|  |   | 4.4 CITY-ST-ZIP                  |  |
| Hiptoria   |   | 5.1 TITLE                        | Change Addition  |
| The H  |   | 5.2 NAME                         | A CANAL DAMES  |
|  |   | 5.3 STREET ADDRESS               | F 7 P 6 B 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6 P 6  |
| REET ADDRESS   |   |                                  |  |
| Y ST-ZIP   |   | 5.4 CITY-ST-ZIP<br>6.1 TITLE     | · · · · · · · · · · · · · · · · · · ·  |
|  |   | j                                | Change Addition  |
| ME   |   | 6.2 NAME                         | 11   |
| REET ADDRESS   | 1                                       | 6.3 STREET ADDRESS               | ्रे अभिन्ति भाग  |
| Y-ST-ZIP   | 1:                                      | 6.4 CITY-ST-ZIP                  | A Company of the Comp |
|  |   |                                  | A 440 07(0)(2) El 14 O(14) DE (b. 142) A de la   |

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.

**IGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Daytime Phone #

(2E034 (11/98)