


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90261 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # M25155

1. Corporation Name
LEDLOW AND COLE, INC.



| | |
|---|--|
| Principal Place of Business HOMESTEAD, FL 120 N. HOMESTEAD BLVD HOMESTEAD FL 33030 US | Mailing Address PO BOX 90-0010 HOMESTEAD FL 33090-0010 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------|
| 2. Principal Place of Business 21 705 S. Krome Avenue | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Homestead, FL | City & State 28 |
| Zip 24 33030 Country 25 USA | Zip 29 Country 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/27/1985 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 59-2612384 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired: <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

LEDLOW, LOUIS A
120 N. HOMESTEAD BLVD
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
705 S. Krome Avenue

83

84 City **Homestead** FL 85 Zip Code **33030**

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.

SIGNATURE *Louis A. Ledlow* DATE **4/16/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | LEDLOW, LOUIS A | |
| STREET ADDRESS | 120 NO. HOMESTEAD BLVD | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLE, HENRY | |
| STREET ADDRESS | 120 NO. HOMESTEAD BLVD | |
| CITY-ST-ZIP | HOMESTEAD FL 33030 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 705 S. Krome Avenue | |
| 1.4 CITY-ST-ZIP | Homestead, FL 33030 | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 705 S. Krome Avenue | |
| 2.4 CITY-ST-ZIP | Homestead, FL 33030 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: *Louis A. Ledlow* DATE: **4/16/99** DAYTIME PHONE #: **305-245-6101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)