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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M25553

1. Corporation Name 1461 CORPORATION

Principal Place of Business C/O ELMER ZIMBELMANN

22295 S.W. 260TH STREET

HOMESTEAD FL 33031-3808

Mailing Address

C/O ELMER ZIMBELMANN 22296 S.W. 260TH STREET HOMESTEAD FL 33031-3808

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90071 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

	• •	ţ					3. Date Incorpora 01/08/1986				
2. Principal Pl	ace of Business	2a	. Mailing Address				4. FEI Number	<u> </u>	••		Applied For
21		26	J				59-2679954	4			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			I E Contitonto of Statue Decired				5 Additional Required	
City & State	e e		City & State		٤,	≳' ,, '÷	6. Election Camp	aign Financing		\$5.0	00 May Be
23						Trust Fund Contribution L.J Added to Fees					
Zip	Country	匸	Zip Country			8. This corporation owes the current year Intangible					
24	. 25	29	30			Personal Property Tax. Yes No					
	9. Name and Address of Current	Regis	stered Agent		<u></u>		10. Name and Ad	dress of New H	Registered /	Agent	
711/12	CIMANN EIMED			8	11	Name					
ZIMBELMANN, ELMER 22295 S.W. 260TH STREET			82 Street Addre			ress (P.O. Box Number is Not Acceptable)					
	ESTEAD FL 33033			L	_						
ПОМ	ESTEAD FL 33033	F		8	3						
	·	;		8	14	City		<del></del>	FL	85 Z	ip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Flori	da. Such change was auth	onzed b	y tr	-named corpo he corporation	oration submits this s n's board of directors	tatement for the s. I hereby accep	purpose of ot the appoir	changing ntment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re		gent:	signature required			DATE		
12.	OFFICERS AND	DIR		13.			ADDITIONS/CH	IANGES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1 TITLE	=					Chan	ge
NAME	ZIMBELMANN, ELMER			1.2 NAMI	E						
STREET ADDRESS	22295 SW 260TH ST		,	1.3 STRE	EET#	ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY	-ST-	-ZIP			,		
TITLE		,	☐ DELETE	2.1 TITLE	Ξ					☐ Char	ige 🔲 Addition
NAME				2.2 NAMI	E						
STREET ADDRESS	•			2.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP				2. 4 CITY	-ST	-ZIP					
TITLE	war a	ļ	. DELETE	3.1 TITLE	Ξ		· · - · -	-	•	Chan	ge Addition
NAME				3.2 NAM	E						
STREET ADDRESS	•			3.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP		:		3.4. CITY		- ZIP				ra 61	
TITLE		i	☐ DELETE	4.1 TITLE						Chan	ge
NAME	•	,		4. 2 NAM							
STREET ADDRESS				4.3 STRE	ET/	ADDRESS					
CITY-ST-ZIP				4.4 CITY		ZIP					[7] 4 3 4 10
TITLE		;	☐ DELETE	5.1 TITLE						☐ Char	ige 🔲 Addition
NAME				5.2 NAMI							
STREET ADDRESS		٠		1		ADDRESS					
CITY-\$T-ZIP				5.4 CITY		-ZIP					
TITLE			☐ DELETE	6.1 TITLE						Char	ige
NAME				6.2 NAM							
STREET ADORESS						ADDRESS					
CITY-ST-ZIP				6.4 CITY							
14 I hereby o	certify that the information supplied with	thie !	filing does not qualify for th	ie evemi	ntio	on stated in Sc	ection 119 07(3)(i) E	lorida Statutes.	I further cer	tify that t	ne information

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 receivery 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

305 2356560

Daytime Phone

CR2E034 (11/98)