**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

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## DOCUMENT # M32693

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Zip

CANNING & MURRAY, P.A.

Principal Place of Business	Mailing Address	
8300 NW 53RD ST 300 MIAMI FL 33166	8300 NW 53RD ST 300 MIAMI FL 33166	
2. Principal Place of Business	2a. Mailing Address	

27 City & State City & State 28 Country

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9. Name and Address of Current Registered Agent

26 Suite, Apt. #, etc. Suite, Apt. #, etc. Country Zip

**FILED** Mar 30, 1999 8:00 am **Secretary of State** 

03-30-1999 90012 003 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/27/1986 4. FEI Number

59-2680884

CANNING, DAVID R. 8300 NW 53RD ST 300 MIAMI FL 33166									
			82	2 Street Address (P.O. Box Number is Not Acceptable)					
			83			-			
				·			lan	7:- C	
			84	City	•	FL	85	Zip Co	ode
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was author	orized by	the corpo	corporation submits this pration's board of director	statement for the purpose of rs. I hereby accept the appoir	changir itment	ng its ro as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Rec	istered Agen	t signature r	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/C	HANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	ST	☐ DELETE	1.1 TITLE				☐ Cha	ange	Addition
NAME	MURRAY, C. ROBERT, JR.		1.2 NAME						
STREET ADORESS	16041 SW 77 CT		1.3 STREET	ADDRESS					(
CITY-ST-ZIP	MIAMI FL		1.4 CITY- ST	-ZIP	_				
TITLE	P	☐ DELETE	2.1 TITLE				☐ Cha	ange	☐ Addition
NAME	CANNING, DAVID R.	İ	2.2 NAME						·
STREET ADDRESS	17900 S.W. 77TH AVENUE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		2.4 CITY-S	T-ZIP					
TITLE	DVP	DELETE	3.1 TITLE		<del>.</del> -	-	Ch:	ange	☐ Addition
NAME	PELTZ, ROBERT D		3.2 NAME						
STREET ADDRESS	10220 SW 141ST ST		3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL	<del></del>	3.4. CITY-S	T-ZIP					
TITLE )		☐ DELETE	4.1 TITLE	'			☐ ¢h:	ange	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Ch:	ange	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP			5.4 CITY-ST	- ZIP					
TITLE		DELETE	6.1 TITLE				☐ Ch	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET						
CITY-ST-ZiP			6.4 CITY-ST					40 1 1	
14 I hereby o	ertify that the information supplied with this filing does	s not qualify for the	e evemnti	on stater	t in Section 119.07(3)(i)	Fiorida Statutes, I further cert	itv that	the in	ormation

indicated on this annual report or supplies that has him globes not quality for the exemption stated in Section 1.18.07(3)(f), Florida Statutes. I number certify that the information indicated on this annual report of 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 by 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 attackment with an address, with all other like empowered.

SIGNATURE: