## FILE 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

## 

1. Corporation Name

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90113 021 \*\*\*150.00

Principal Place of Business Mailing Address  4963 SW 32ND WAY 5973 S UNIVERSITY DR  FT LAUDERDALE FL 33312 #2-181 US DAVIE FL 33328 US DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
4963 SW 32ND WAY 5973 S UNIVERSITY DR FT LAUDERDALE FL 33312 #2-181 US DAVIE FL 33328 DO NOT WRITE IN THIS SPACE	
US DRVICTE SOZE	ve.
08/06/1986	<u>,c</u>
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-2704807	Not Applicable
E Cortifecte of Status Desired	ee Required
City & State 6. Election Campaign Financing 5	5.00 May Be
28 Trust Fund Contribution	dded to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen	t
81 Name	
MORRIS, BETH 4963 SW 32ND WAY 82 Street Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33312	
84 City FL 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 change of change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	jing its registered it as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 12
mme   P	thange
The P	hange
NAME MORRIS, BETH 12 NAME	thange
NAME MORRIS, BETH 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS	thange ∏ Addition
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MORRIS, BETH  A963 SW 32ND WAY  CITY-ST-ZIP  FT. LAUDERDALE FL 33312  DELETE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  A.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.3 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  DELETE	change Addition
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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:** 

SIGNATURE AND YPEO'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/00/99 954-893-0754 Date Dayline Phone #

CD2E034./11/08)