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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 14, 1999 8:00 am Secretary of State

05-14-1999 90003 040 \*\*\*450.00

PHUEX I	NC.								
Principal Place	e of Business	Mailing Address			<del></del>	- I INNIANS IN RINK SIIN TOUR IINI INNI HOU WI	RE MERKE MERKER M	ARIA RU	fit <b>die</b> tt f <b>e</b> dt
11760 N.W. 9TH STREET 11760 N.W. 9TH STREET									
PLANTATION FL 33325 PLANTATION FL 33325						DO MOT WOLTE IN T	UC CDACE		
						DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IIS SPACE		
						06/11/1987			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For		
21 26						59-2812857	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc							\$8.75 Additional		
22						5. Certifcate of Status Desired	Fee	e Req	uired
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Add	led to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year			~]
24	25		30	_		Personal Property Tax.	Yes		□No
	9, Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	o Agent_		
വേ	DING, DERRICK B.			ا."	I Valle		<del></del>		
5321 S.W. 7TH STREET				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			ļ
PLANTATION FL 33317				83					
				84	City		EL 85	Zip C	ode
office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at	uthonzed	DV.	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment a	g its r is reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered	Agen	t signature require	ed when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP	☐ DELETE	1.1 TIT	ΊE			Chai	nge	☐ Addition
NAME	GOLDING, DERRICK B.		1.2 NA	ME					)
STREET ADDRESS	5321 S.W. 7TH STREET		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		1.4 CIT		T-ZIP				- Addision
TITLE	DST DELETE 2			ìΕ			Chai	nge	Addition
NAME	GOLDING, FAY M.			ME					
STREET ADDRESS	5321 S.W. 7TH STREET		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL		2. 4 CI		T-ZIP				Addition
TITLE		☐ DELETE	3.1 TIT				Cha	ige	☐ Addition
NAME			3.2 NA						
STREET ADDRESS			ı		ADDRESS				Į
CITY-ST-ZIP		□ DELETE	3.4. CI		T-ZIP		☐ Cha	nae	Addition
TITLE		□ DELETE	4.1 T/I					.,gc	CT Saggeon
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CiT		T-ZIP		Cha	nge	Addition
TITLE		רו הכרכוב	5.1 HI 5.2 NA	-				5~	
NAME					T ADDRESS				
STREET ADDRESS			5.4 CI						
CITY-ST-ZIP		☐ DELETE	6.1 711		. 41		☐ Cha	nge	Addition
TITLE		L., DELETE	6.2 NA						
NAME					ADDRESS				
STREET ADDRESS	İ								l l

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

264-6642.