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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M47000

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2. Principal P	lace of Business	2a. Mailing Address
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FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90001 049 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/02/1988 4. FEI Number Applied For Not Applicable 65-0051494 \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent MCCARTNEY, JOCK Street Address (P.O. Box Number is Not Acceptable) 8900 NORTHWEST 44TH COURT CORAL SPRINGS FL 33065 83 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change Addition DELETE 11 TITLE TITLE MCCARTNEY, JOCK 1.2 NAME NAME 8900 NORTHWEST 44TH CT. 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP 14 CITY-ST-ZIP ☐ Addition ☐ Change DELETE 2.1 TITLE TITLE PORTEN, HERMAN I 2.2 NAME NAME 8900 NORTHWEST 44TH CT. 2.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change OELETE 3.1 TITLE TITLE SULLIVAN, RICK 3.2 NAME NAME 8900 NW 44 CT 3.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 3 4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE NAME ECHERT, STEPHEN 4.2 NAME 8900 NW 44 CT 4.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 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 the 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 tusted appropriate 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 appendix such as the property of the corporation of the corporation or the receiver or tusted appears in Block 12 or Block 13 if changed, or on an attachment with appendix such as the property of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation or the receiver or tusted and the property of the corporation of the corporation

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SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98