NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

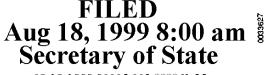
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

>700

DOCUMENT # N9700006732



08-18-1999 90005 003 ****61.25

1. Corporation FLOYD (Name ECONOMIC DEVELOPMENT	, INC.		/			- 		
Principal Place of Business Mailing Address 1920 N.W. 119 STREET #602 1920 N.W. 119 STREET #6 MIAMI FL 33167 MIAMI FL 33167				, ,					
		2a. Mailing Address	Mailing Address		3. Date Incorporated or Qualifed 12/01/1997				
21 Suite Ant	#, etc	Suite, Apt. #, etc.	····		4. FEI Number			Applied For	
	#, 6 10.	27		_	65-0800939			Not Applicable	
City & State	e	City & State			5. Certificate of Status Desired		\$8.75 A		
23		28			Consideration of the second		Fee Rec	quired	
Zip Country		Zip			6. Election Campaign Financing		\$5.00 to Added to		
24 25		29	[30]		Trust Fund Contribution 10. Name and Address of New F	Pagistared A		rees	
	9. Name and Address of Curren	t Registered Agent	81	Name	Mattie and Address of New I	tegiotei eu z	- Bott		
ELOVD M	IALAIC O			l	on (D.O. Boy Number is Not Accept	hla)			
FLOYD, MAMIE R 1920 N.W. 119 STREET #602			82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33167			83						
MIPMI 1 E 30107			84	City			85 Zip C	ode	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes				<u> </u>		<u>FL</u>		intorned	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ot Florida. Such change was a	uinarizeu ov	THE COIDULATIO	n's board of directors. I hereby acce	ot the appoir	tment as reg	istered	
SIGNATURE		ALOTT	On the board Age	nt signature required	when mineration	DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		13.	ur sidnarma radovac	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	PD DELETE		1.1 TITLE				Change	Addition	
NAME	FLOYD, MICHAEL L 1920 N.W. 119 STREET #602		1.2 NAME						
STREET ADDRESS			1.3 STREE	TADDRESS				ĺ	
CITY-ST-ZIP	MIAMI FL 33167		1.4 CITY-S	ST-ZIP					
TITLE			2.1 TITLE				Change	☐ Addition	
NAME	FLOYD, MAMIE 2		2.2 NAME						
STREET ADDRESS	1920 N.W. 119 STREET #602		2.3 STREE	TADDRESS				Ì	
CITY-ST-ZIP	MIAMI FL 33167 -		2.4 CITY-	ST-ZIP			☐ Change	Addition	
TITLE	10		3.1 TITLE		_		□ Onlange		
NAME	Monoon, Conno		3.2 NAME	T ADDRESS				İ	
STREET ADDRESS	11 100 11.11. 10111 11.12.		3.4. CITY-						
CITY-ST-ZIP TITLE	CORAL CITY FL 33055	DELETE	4.1 TITLE	31-29F			☐ Change	Addition	
NAME	GIBBS, BARRY		4. 2 NAME		**				
STREET ADDRESS		1873 N.W. 191 ST.		T ADDRESS					
CITY-ST-ZIP	MIAMI FL 330554		4.4 CITY-8		,				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	-				1	
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP			5,4 CITY-1	ST-ZIP			Change	☐ Addition	
TITLE]	☐ DEFELE	6.1 TITLE	1			TT custings	☐ value	
	t		g O MARAT						
NAME STREET ADDRESS			6.2 NAME	T ADDRESS					

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

6/23/99 (305)681-600/ Date Daytime Phone #

CR2E037 (11/98)