

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 # P92000000700 (4)

1. Corporation Name

LAUDERDALE HARBOUR CORPORATION

Principal Place of Business

1600 SE 17 STREET
SUITE 310
FT LAUDERDALE, FL 33316

Mailing Address

1600 SE 17 STREET
SUITE 310
FT. LAUDERDALE, FL
33316

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GINESTRA, STEVE
1600 SE 17 STREET
SUITE 310
FT LAUDERDALE, FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

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 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

Signature of registered agent or principal place of business

Signature of registered agent or principal place of business

Signature

12. OFFICERS AND DIRECTORS

TITLE PD
NAME METTLER, WERNER H.
STREET ADDRESS 1600 SE 17 STREET, SUITE 310
CITY-STATE-ZIP FT. LAUDERDALE, FL 33316

TITLE VS
NAME METTLER, RITA E.
STREET ADDRESS 1600 SE 17 STREET, SUITE 310
CITY-STATE-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Werner H. Mettler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-525-0809

99 MAR -8 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1992

4. FEI Number

65-0370707

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Requested

6. Election Campaign Financing,
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

X Yes [] No

10. Name and Address of New Registered Agent

600002806926-6
-03/15/99--01159--013
****150.00 ****150.00

CR2E034 (11/98)