

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 012 ***158.75

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DOCUMENT # P92000011908

1. Corporation Name

FLORIDA 2-WAY SERVICE, INC.



Principal Place of Business

% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI FL 33131
US

Mailing Address

% IVAN A. GOMEZ, ESQ.
601 BRICKELL KEY DR. SUITE 507
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1992

4. FEI Number

65-0387624

Applied For
Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

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. ☐ Yes ☒ No

2. Principal Place of Business

21 2700 Davie Road
Suite, Apt. #, etc.

22

City & State

23 Davie, Florida

Zip Country

24 33314 25 USA

2a. Mailing Address

26 c/o Ivan A. Gomez
601 Brickell Key Drive
Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip Country

29 33131 30 USA

9. Name and Address of Current Registered Agent

IVAN A GOMEZ, P.A.
3001 SW THIRD AVENUE
SUITE 100
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

Ivan A. Gomez, P.A.

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

601 Brickell Key Drive

83

Suite 507

84

City
Miami

FL

85 Zip Code
33131

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

IVAN A. Gomez, P.A. BY: *[Signature]* President. 1/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST
PUDSEY, RICHARD F
STREET ADDRESS
2700 DAVIE RD
CITY-ST-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
P
PEDERSEN, DAVID A
STREET ADDRESS
2700 DAVIE RD
CITY-ST-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
VP
RODRIGUEZ, MIGUEL
STREET ADDRESS
2700 DAVIE RD
CITY-ST-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Davie, FL 33314

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Davie, FL 33314

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)