Applied For

Fee Required

\$5.00 May Be

Added to Fees

ØNo.

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P92000015503 1. Corporation Name

C/O AKERMAN, SENTERFITT & EIDSON, P.A. ONE S.E. 3RD AVENUE, 28TH FLOOR

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Principal Place of Business	Mailing Address			
C/O AKERMAN SENTERFITT ONE S.E. 3RD AVE 28TH FL MIAMI FL 33131	C/O AKERMAN SENTERFITT ONE S.E. 3RD AVE., 28TH FL MIAMI FL 33131			
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
Suite, Apt. #, etc. City & State				

Country Country Zip 25 30 29 9. Name and Address of Current Registered Agent BEZOLD, RICHARD M

FILED Feb 08, 1999 8:00 am **Secretary of State**

02-08-1999 90047 019 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

01/01/1993 4. FEI Number

65-0385990

MIANI FL 33131					1. Carist and 3-2	The State Comment		
		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating), DATE								
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AL	ND DIRECTO	RS IN 12	
TITLE	PSYD DELETE	1.1 TITLE				☐ Change	Addition	
NAME .	BEZOLD, RICHARD M	1.2 NAME				,		
STREET ADDRESS	ONE S.E 3RD AVENUE, 28TH FLOOR	1.3 STREET	ADDRES	ss				
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST	-ZIP				-	
TITLE	☐ DELETE ·	2.1 TITLE				☐ Change	Addition	
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET	ADDRES	s				
CITY-ST-ZIP		2. 4 CITY-ST	-ZIP					
TITLE	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
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TITLE	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME .		5.2 NAME					ĺ	
STREET ADDRESS		5.3 STREET	ADDRES					
CITY-ST-ZIP		5.4 CITY-ST-	ZIP	78.				
TITLE	☐ DELETE	6.1 TITLE				Change	Addition	
NAME	• •	6.2 NAME					[
STREET ADDRESS		6.3 STREET	ADDRES	s		•	,	
CITY-ST-ZIP		6.4 CITY-ST-	ZIP	<u> </u>				

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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: