## 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 # P9300000951

COMPSE	RVE BOOKKEEPING, I	NC.								
Principal Place	of Business	Mailing Address	<u> </u>							
3250 N.W. NORTH RIVER DRIVE MIAMI FL 33142		3250 N.W. NORTH RI MIAMI FL 33142	3250 N.W. NORTH RIVER DRIVE MIAMI FL 33142			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						12/31/1992				
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number				
21		26				65-0393205				
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5				
Zip 24	Country         Zip         Country           25         29         30					This corporation owes the current year Intangible     Personal Property Tax.				
	9. Name and Address of C	urrent Registered Agent				10. Name and Address of New Registered Agent				
THOM 3250			81 82	Name Street Add	dress (P.O. Box Number is Not Acceptable)					
MIAM	I FL 33142		83							
				84	City	FL  85				
office or re- agent. I arr	gistered agent, or both, in the	7.0502 and 607.1508, Florida S State of Florida. Such change w obligations of, Section 607.0505	as authorized	by t	-named cor he corporat	poration submits this statement for the purpose of changi ion's board of directors. I hereby accept the appointment				
SIGNATURE _	Signature, typed or printed name of register	ed agent and title if applicable.	NOTE: Registered A	gent	signature requi	red when reinstating) , , , , , , DATE				
12.		S AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRI				
TITLE	D	☐ DELETE 1.1				#1.5 ± 1.5 ± 1.5 □ Ch				

**FILED** Feb 10, 1999 8:00am **Secretary of State** 

02-10-1999 90052 007 \*\*\*150.00



WRITE IN THIS SPACE

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Yes

□No

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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, 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, 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, or both, in the State of Florida, Such change is stratute.  SIGNATURE  12.			84	С	City	a Silveriana vita de la composición del composición de la composición de la composición del composición de la composició	FL	85 Zip C	odė '
Signature, typed or printed name of ingistered agent and tilde if applicable	office or r	egistered agent, or both, in the State of Florida. Such change was authorize	d by	the	amed corp corporation	poration submits this statement for the pon's board of directors. I hereby accept	urpose of c the appoint	hanging its i ment as reg	egistered istered
12.	SIGNATURE								
TITLE	12			nt sigi	nature require			DIRECTOR	2S IN 12
THOMPSON, RAYMOND J   12 NAME   3250 N.W. NORTH RIVER DRIVE   13 STREET ADDRESS   14 CITY-ST-ZIP									
STREET ADDRESS   3250 N.W. NORTH RIVER DRIVE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP									
MIAMI FL 33142						•		, '	
DELETE					ł				
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011-31-2F		■						•	
						Section 119.07(3)(i), Florida Statutes 1	further certif	v that the in	formation

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: