

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90025 045 ***150.00

DOCUMENT # P93000016898

1. Corporation Name
2301 SE 17TH ST, INC.

Principal Place of Business
450 E LAS OLAS BLVD., STE 1500
FORT LAUDERDALE FL 33301
US

Mailing Address
450 E LAS OLAS BLVD., STE 1500
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1993

4. FEI Number

65-0396845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

21 450 E. Las Olas Blvd.,

Suite, Apt. #, etc.

22 Suite 1400

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 450 E. Las Olas Blvd.,

Suite, Apt. #, etc.

27 Suite 1400

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SE THIRD AVE., 28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROCHON, RICHARD C

STREET ADDRESS 450 E LAS OLAS BLVD., STE 1500

CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VS ☐ DELETE

NAME PIERCE, WILLIAM

STREET ADDRESS 450 E LAS OLAS BLVD., STE 1500

CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VT ☐ DELETE

NAME DAURIA, STEVEN M

STREET ADDRESS 450 E LAS OLAS BLVD., STE 1500

CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE S ☐ DELETE

NAME HANDLEY, RICHARD L

STREET ADDRESS 450 E LAS OLAS BLVD., STE 1500

CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 450 E. Las Olas Blvd., #1400

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 450 E. Las Olas Blvd., #1400

3.4 CITY-ST-ZIP

4.1 TITLE VS ☒ 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

Steven M. Dauria

4-30-99

954-712-1300

Date

Daytime Phone #

CR2E034 (11/98)

0280428