Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90111 046 ***150.00

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**

1. Corporation	SSENTIALS SOUTH, INC.)25349				
Principal Place	e of Business	Mailing Address		1 (80)(80) (20 (8)(0) (1)(1) 00(1) 00(1) 69(4) 09(1		
ONE S OCEAN BLVD STE 210 BOCA RATON FL 33432		ONE S OCEAN BLVD STE 210 BOCA RATON FL 33432		DO NOT WRITE IN THI	IS SPACE	
US		บร		 Date Incorporated or Qualified 04/01/1993 		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 RT IDA PROFESSIONA ISTRICES				65-0405008	Not Applicable	
\$uite, Apt.	_ / _	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 3	Country	This corporation owes the current year I Personal Property Tax.	ntangible ☐Yes ☐No	
24	9. Name and Address of Current F	 		10. Name and Address of New Registere		
	<u> </u>		81 Name			
RUSSELL, BERNARD ONE S OCEAN BLVD			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
STE 210			83			
BOC	A RATON FL 33432		84 City		85 Zip Code	
		1 007 1600 El 11- Ol-11-		anation submits this statement for the number of	of changing its registered	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was aut ins of Section 607,0506, Florida	horized by the corporati	ion's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	es/i/e/// Registered Agent signature require	ed when reinstating) DATE.		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D					
		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	RUSSELL, BERNARD		1.1 TITLE 1.2 NAME		Change Addition	
NAME STREET ADDRESS	RUSSELL, BERNARD 550 NE SPANISH CT				☐ Change ☐ Addition	
	RUSSELL, BERNARD	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
STREET ADDRESS	RUSSELL, BERNARD 550 NE SPANISH CT		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
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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.

6.4 CITY-ST-ZIP

inill SIGNATURE:

CITY-ST-ZIP