PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90061 050 ***150.00

1. Corporation		044432			11311 1 1311 116 6	a (1116 e 21 8 1 4 8 8 1
Principal Place	e of Business	Mailing Address	,);) 1111 0 1101 1001
1329 DEWEY ST	T CIRCLE: SUITE 1200	1329 DEWY ST.				
HOLLYWOOD F		HOLLYWOOD FL 33019 US		DO NOT WRITE IN THIS	SPACE	
US		••		3. Date Incorporated or Qualifed		
				06/16/1993	•	Ţ,
2. Principal Pl	lace of Business	2a. Mailing Address	-10-	4. FEI Number	Ar	oplied For
21 300	1 Dunly St.	26		65-0420821		ot Applicable
Suite, Apt.	#, etc. U	Suite, Apt. #, etc.		5. Certifcate of Status Desired	,	Additional equired
22 City 8 Ctat		City & State				
27 H	in poor	28		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 170 1	Country	Zip	Country	8. This corporation owes the current year Int		-
24 330	DPA 25 US	L '	30	Personal Property Tax.	Yes	X No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
1011	NCON O		81 Name	mnie Johnson		
JOHNSON, C			82 Street Add	ress (P.O. Box Number is Not Acceptable)	-	
1329 DEWEY ST			13	29 Dewley St.		
	LYWOOD FL 33019	 .	83	0		
1100	LIMOOD IE 33019		84 City	the made	85 Zig	Code
		1007 4500 EL 24 01 4 4		ollywood FL	. C	30 P
office or r	enistered agent, or both, in the State o	if Florida. Such change was auf	thorized by the comorati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes.	4-71	-09	[
SIGNATURE	Signature, typed or printed name of register of agent	and title if applicable. (NOTE: 5	Registered Agent signature require	ed when reinstating) DATE	771	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	JOHNSON, CONNIE		1.2 NAME			1
STREET ADDRESS	1329 DEWEY STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019					
TITLÉ			1.4 CITY-ST-ZIP	-		
; !	D	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
NAME	BRANHAM, WILLIAM K	. DELETE	1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change	Addition
STREET ADDRESS	Branham, William K C/O 1329 DEWEY STREET	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change	Addition
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14. I hereby certify that the information supplied with this filling 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: