Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90214 050 \*\*\*158.75

## 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 # P93000046384

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

PLANET EARTH MANAGEMENT, INC.

	• •								
Principal Place	e of Business	Mailing Address	_				8141 <b>88</b> 111 <b>88</b> 113 <b>2</b>	1868 GIADE IFIE	II IBIN AJAN IBAK
1965 S OCEAN	DR	1965 S OCEAN DR							
STE. 9-G STE. 9-G						DO NOT WR	TE IN TUIC	RDACE	
HALLANDALE FL 33009 HALLANDALE FL 33009						3. Date Incorporated or Qualifed		OFAUL	
	•					06/30/1993			
2 Principal Pi	lace of Business	2a. Mailing Address		····		4. FEI Number		A	pplied For
21		26				65-0426471		N.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee R	equired
City & State	e .	City & State				6. Election Campaign Financing	П	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry		<ol><li>This corporation owes the cur</li></ol>	rent year Inta		
24	25	29	30			Personal Property Tax.		☐ Yes	MeNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	Agent	
DANE	IC ANCHAEL C		j	81	Name		*.		ļ
DAVIS, MICHAEL S				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	I N ANDREWS AVE								
WILI	TON MANORS FL 33311			83					ì
				84	City			85 Zip	Code
	to the provisions of Sections 607.0502				•		<u> </u>		
4 1 -									
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE	rida Stati Registered	ites.	egnature required		DATE		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE  D DIRECTORS	Registered	Ites.	_		DATE		ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NOTE	Registered 13.	Agent	_	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN	t and title if applicable. (NOTE  D DIRECTORS	Registered  13. 1.1 TH	Agent :	signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	t and title if applicable. (NOTE  D DIRECTORS	Registered 13. 1.1 TH 1.2 NA 1.3 ST	Agent :  LE  ME  REET A	signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN	ions of, Section 607.0505, Floriand the If applicable. (NOTE  D DIRECTORS  DELETE	:: Registered	Agent :  LE  ME  REET A	signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	t and title if applicable. (NOTE  D DIRECTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	Agent :  LE  ME  REET A  TY-ST-	signature required	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	ions of, Section 607.0505, Floriand the If applicable. (NOTE  D DIRECTORS  DELETE	Registered  13. 1.1 TH 1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA	Agent :  LE  ME  REET A  TY-ST-  TLE  ME	ADDRESS	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	ions of, Section 607.0505, Floriand the If applicable. (NOTE  D DIRECTORS  DELETE	### Registered   13.   1.1 TII   1.2 NA   1.3 ST   1.4 CT   2.1 TIT   2.2 NA   2.3 ST   2.3 S	Agent:  LE  ME  REET A  TY-ST-  LE  ME	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	ions of, Section 607.0505, Flo	:: Registered 13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	Agent of Age	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO	ORS IN 12  Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	ions of, Section 607.0505, Floriand the If applicable. (NOTE  D DIRECTORS  DELETE	### Registered   ### 13.  1.1 TIT   1.2 N/  1.3 ST   1.4 CI   2.1 TIT   2.2 N/  2.3 ST   2.4 C   3.1 TI	Agent :  LE  JME  REET A  TY-ST-  LE  JME  REET A  TY-ST-  TLE	ADDRESS ADDRESS	when reinstating)	DATE	D DIRECTO Change	ORS IN 12  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN DPC TAYLOR, D. JORDAN 1965 S OCEAN DR., STE. 9-G	ions of, Section 607.0505, Flo	### Registered  13. 1.1 TIT 1.2 NA 1.3 S1 1.4 CI 2.1 TIT 2.2 NA 2.3 S1 2.4 C 3.1 TIT 3.2 NA	Agent :  LE  ME  REET A  TY-ST-  LE  ME  REET A  TY-ST-  LE  ME  ME  ME  ME  ME  ME	agnature required  ADDRESS  ZIP  ADDRESS  - ZIP	when reinstating)	DATE	D DIRECTO Change	ORS IN 12  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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: