## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CCRPORATION** ANNUAL REPORT

2. Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

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## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90177 025 \*\*\*150.00

1999 DOCUMENT # P93000064930 1. Corporat on Name DOCKS & DECKS FOREVER, INC. Principal Place of Business Mailing Address 8340 NW 58TH ST. 8340 NW 58TH ST. MIAMI FL 33166 MIAMI FL 33166

26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & S ate 28 Country Zip Country Zip

2a. Mailing Address

29 9. Name and Add ess of Current Registered Agent LEWIS, EDGAR E

KEITH, MACK, LEWIS, COHEN & LUMPKIN

1 (BB/LBB/ 618 19186 1141) BB/LL BB/LL WB/LL BB/LL BB/LL BILL BB/BB/ 41816 4818 1111 BB/K 188				
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App'ied For

\$8.75 Acditional

Fee Required

\$5.00 May Be

Added to Fees

[]No

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

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

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

09/17/1993 4. FEI Nu nber

65-0442885

200 S. BISCAYNE BLVD., #2000 MIAMI FL 33131			83				
MIMMI FE 33131			84	City	FL 85	Zip C	ode
office or re	to the provisions of Sections 607.0502 and 60 agistered agent, or both, in the State of Florid marmiliar with, and accept the obligations of,	a. Such change was ∌ut	norized by	the corpo	corporation submits this statement for the purpose of charaction's board of directors. Hereby accept the appointment	ging its rank nt as reg	egistered stered
SIGNATUFE	Signature, typed or printed name of registered agent and title	applicable. (NOT E: R	legistered Ager	nt signature re-	qi ired when reinstating) DATE		
2.	OFFICERS AND DIRE		13.	,	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12
MLE T	P	☐ DELETE	1.1 TITLE			Change	Addition
AME I	PRINZ, ADALBERTO		1.2 NAME				
TREET ADDRESS	4480 NW 93RD DORAL CT.		1.3 STREET	TADDRESS			
TTY-ST-ZIP	MIAMI FL		1.4 CITY-S	TZIP		.3	3178
TRE	VP	☐ DELETE	2.1 TITLE			Change	Addition
IAME )	LACHAISE, CHRISTIAN		2.2 NAME				
TREET ADDRI SS	5108 NW 106TH AVE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S	ST(ZIP)		<u> </u>	3178
TLE		☐ DELETE	3.1 TITLE			Change	Addition
IAME .			3.2 NAME	j			
TREET ADDRESS			3 3 STREE	T ADDRESS			
aTY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
IAME			4. 2 NAME				
TREET ADDRESS			4.3 STREE	T ADDRESS			
ITY-ST-ZIP			4.4 CITY-S	T- ZIP			
ME		☐ DELETE	5.1 TITLE			Change	Addition
IAME			5.2 NAME				
TREET ADDR ESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		Change	Addition
IAME			6.2 NAME	j			
TREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	_		64 CITY-S	T-ZIP			

14. I here by 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 indicaled on this annual report or supplemental annual report is true and accurate and that my signa une 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 change I, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNA URE AND TYPED OF