Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90146 020 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP

STREET ADDRE 3S

STREET ADDRE 3S

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOAGO

1. Corpore tio	OF SOUTH FLORIDA, INC			
Principal P ace of Business Mailing Address				
1205 SW 4TH AVE 1205 SW 4TH AVE DANIA FL 33004 DANIA FL 33004				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 01/24/1994
Principal Place of Business     2a.		2a. Mailing Address		4. FEI Number Applied For
		26		65-0463787 Not Applicable
Suite, Act. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & Stat	te	City & State	<del>_</del>	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Cour try	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Persor al Property Tax. XYes No
	9. Name and Address of Cui	rrent Registered Agent		10. Name and Address of New Registered Agent
office cri	registered agent, or both, in the St am familiar with, and accept the ob	ate c'i Fiorida. Such change wa	atutes, the above-ras authorized by the	City  FL 85 Zip Code  -named or reporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed na ne of registered	agent and title if applicable. (N	IOT :. Registered Agent s	signature required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF S IN 12
TITLE	P	☐ DELETE		☐ Change ☐ Addition
NAME	RENNERT, BRUCE		1.2 NAME	
STREET ADDRESS			1.3 STREET A	ADDRESS
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-ST-2	-ZIP Change Addition
TITLE	VPST	☐ DELETE		Grange D Addition
NAME.	LINDA RENNERT		2.2 NAME	
STREET ADDRESS	I .		2.3 STREET A	
CITY-ST-ZIP	DANIA FL 33004		2. 4 CITY-ST-	- ZIP ☐ Change ☐ Addition
TITLE		☐ DELETE		☐ custige ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET A	
CITY-ST-ZIP		C Driver	3.4, CITY-ST-	-ZIP Change ☐ Addition
THLE		☐ DELETE		Citalige   Addition
NAME			4.2 NAME	
STREET ADDRESS	1		4.3 STREET A	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 indicate d 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 recuired 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.

da Rennert 4-23-99 954-920-9200 SIGNATURE:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

CR2E034 (11/98)

Addition

☐ Addition

\_\_ Change

\_\_ Change