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 # **P94000010247**1. Corporation Name

SUBDIVISIONS INC.

Principal	Place	of	Business

Mailing Address

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90017 005 ***150.00



Fillicipal Flaci	e or promess	manning readiness							
554 WOODGAT SUNRISE FL 33		554 WOODGATE CIR SUNRISE FL 33326		DO NOT WRITE IN THIS	SPACE				
					Date Incorporated or Qualifed 02/08/1994				
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For		
<u></u>				65-0470430	No	t Applicable			
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	Additional		
22	<i>n</i> , 5.50	27			5. Certifcate of Status Desired	Fee Re	quired		
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00	May Be		
23	•	28			Trust Fund Contribution	Added 1			
Zip	Country	Zip	Country	1	8. This corporation owes the current year Int	angible			
24	25	29 30			Personal Property Tax.				
	9. Name and Address of Cur				10. Name and Address of New Registered	Agent			
	1	* 3*. • * *\	81	Name					
SALVATORE, DANIEL A			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE FL 33326		83			$\frac{1}{2}$, 5 , 5 , 1 , 10 ,	《新藤藤			
						85 Zip (7.3.192.186		
			84	City	FL	85 Zip (200e		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida Sta	tutes, the abov	e-named corp the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its	registered gistered		
agent. I a	am familiar with; and accept the obl	ligations of, Section 607.0505, F	lorida Statutes	š. '	,				
SIGNATURE	Signature, typed or printed name of registered	annet and title if analicable /NC	OTE: Registered Age	nt signature require	ari when reinstating) DATE				
42		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	D	DELETE	1,1 TITLE	1		☐ Change	Addition		
	SALVATORE, DANIEL A		1.2 NAME		· •				
NAME	FEA WOODCATE CID			TADDRESS					
STREET ADDRESS	SUNRISE FL 33326			1					
CITY-ST-ZIP	SONNIGE I E 33320	DELETE	1.4 CITY-5 2.1 TITLE	11-ZIP		Change	Addition		
TITLE		OLLETO	2.2 NAME			_ `	_		
NAME	1			T 4 D D D C C C					
STREET ADDRESS	5			TADDRESS			1		
CITY-ST-ZIP		□ DELETE	2.4 CITY-	ST-ZIP		Change	Addition		
TITLE	然 等是一个	☐ DELETE	3.1 TITLE						
NAME :	(Artist Control		3.2 NAME						
STREET ADDRESS	light of the second		3.3 STREE	T ADDRESS			Samuel Line		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	☐ Addition		
TITLE		☐ DELETE	4.1 TITLE		*	Change			
NAME	J. ,		4.2 NAME		,				
STREET ADDRESS	.	P	4.3 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			T A LESS.		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition		
NAME			5.2 NAME			•			
STREET ADDRESS	s		5.3 STREE	TADDRESS					
CITY-ST-ZIP	b*		5.4 CITY-8	ST-ZIP					
TITLE	47.7	☐ DELETE	6.1 TITLE			Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS	1 \$345 St. 13		6.3 STREE	T ADDRESS					
	il .		0.5 5 TALL	. TABBITE GO					
CITY-ST-ZIP	S		6.4 CITY-5						

CITY-ST-ZIP 14. 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 on an attachment with any oddress with all other like empowered.

SIGNATURE: