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 # P94000013619

1. Corporation Name

1555 TYLER CORP.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90036 025 ***150.00



| | · • | | | | | | | |
|---|--|-----------------|-------------|-------------|----------------------|---|------------------------|--------------------|
| Principal Place of Business Mailing Address | | | | | | 18811801 310 1811 8181 8811 8811 8811 8 | | N OSBITE COSE CORI |
| 1100 N. E. FIRST COURT HALLANDALE FL 33009 HALLANDALE FL 33009 | | | | | | DO NOT WRITE IN THIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 02/18/1994 | | |
| Principal Place of Business 2a. Mailing Address | | | ss | | | 4. FEI Number | A | pplied For |
| 21 26 | | | | | | 65 - 0493354 | N | ot Applicable |
| Suite, Apt. #, etc. | | | etc. | | | 5. Certifcate of Status Desired | • | Additional |
| 22 27 | | | | | | | | equired |
| City & State | | City & State | 28 | | | Election Campaign Financing Trust Fund Contribution | - | May Be to Fees |
| Zip | _ ` ` | Country Zip Cou | | | | 8. This corporation owes the current year In | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | □No |
| 9. Name and Address of Current Registered Agent | | | | | Name | 10. Name and Address of New Registered | Agent | |
| MARKS, JOSEPH | | | | 81 | Name | me | | |
| 1100 N. E. FIRST COURT HALLANDALE FL 33009 | | | | 82 | Street Addres | is (P.O. Box Number is Not Acceptable) | | |
| NALI | LANDALE PL 33009 | | | 83 | | | | |
| | | ,. | | 84 | City | FL | . | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered age | | | Agent | signature required w | | | |
| 12. | | ID DIRECTORS | 13. | n | | ADDITIONS/CHANGES TO OFFICERS AF | ID DIRECTO ☐ Change | ORS IN 12 Addition |
| TITLE | D . | | | | | | [_] Orlange | |
| NAME | MARKS, JOSEPH 1100 N. E. FIRST COURT | | 1.2 NA | | *000000 | | | |
| STREET ADDRESS | HALLANDALE FL 33009 | | | | ADDRESS | | | |
| CITY-ST-ZIP | D | □ DEI | | TY-ST- | -217 | | Change | Addition |
| NAME | GOOD, HELEN | | 2.2 NA | | | | Ç.,ş- | |
| STREET ADDRESS | 3240 S. W. 117 AVENUE | | | | ADORESS | | | |
| | DAVIE FL 33330 | | 2.4 CI | | | | | |
| CITY-ST-ZIP | DAVIE I E 00000 | · · DE | | | -ZP | | Change | Addition |
| -NAME | <u> 19. 2. 8 3 </u> | | 3.2 NA | | | | _ , | _ |
| STREET ADDRESS | State of the English Beach | | | | ADDRESS | | | |
| CITY-ST-ZIP | A Mark Port Digital | | 3.4. CI | | | | | |
| TITLE | | ☐ DE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 N | AME | | | | |
| STREET ADDRESS | · · | | 4.3 ST | REET | ADDRESS | | | j |
| CITY-ST-ZIP | | | 4.4 CF | TY-ST- | -ZIP | | | |
| TITLE | | ☐ DEI | | | | | ☐ Change | Addition |
| NAME | | | 5.2 NA | ME | | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | Li | | 5.4 CI | | -ZIP | | | |
| TITLE | | ☐ DEI | LETE 6.1 TI | TLE | | · · | ☐ Change | ☐ Addition |
| NAME | 3 (1) (1) (1) (1) (1) (1) (1) (1 | | 6.2 NA | | | | | |
| STREET ADDRESS | By Carrier Commence | | 6.3 ST | REET | ADDRESS | | | ļ |
| CITY-ST-ZIP | | | 6.4 CF | TY-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 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: