PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400014187

1. Corporation Name

FLORIDA STREET DREAMS, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90186 021 ***150.00



Principal Place of Business Mailing Address						- - 1 10011401 (10 1011) DIDII TDIII DDIII DDIII DDIII		(Alti Idhi Inet
920 S. DIXIE HWY 920 S. DIXIE HWY								
STUART FL 34997 STUART FL 34997						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						02/18/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	IQA	plied For
						65-0469069	<u> </u>	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	dditional
27						5. Certifcate of Status Desired	Fee Red	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23						Trust Fund Contribution	Added to	o Fees
Zip	Zip Country Zip			Country		8. This corporation owes the current year I		
			30			Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registere	d Agent	
				81	Name			
BARTHOLOMEW, MONICA				82 Street Address (P.O. Box Number is Not Acceptable)				
920 S. DIXIE HWY			ľ					
STU	ART FL 34997			83				
		·	Į.	84	City		. 85 Zip C	Code
						<u></u>		
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	e of Florida, Such change Was aut	inonzea	ו שמו	-named corpo he corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ountment as reg	registered gistered
SIGNATURE		ALOTT I	To determine	A = = = = 1	signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 717	TLE	$\overline{}$		Change	Addition
NAME	BARTHOLOMEW, MONICA		1.2 NA	ME				
STREET ADDRESS	920 S. DIXIE HWY STUART FL 34997		1.3 S		ADDRESS			
CITY-ST-ZIP			1.4 CF	ry-st	-ZIP			
TITLE			_	2.1 TITLE			Change	Addition
NAME			2.2 NA	ME				1
STREET ADDRESS			2.3 ST	REET.	ADDRESS			
CITY-ST-ZIP			2.4 C	TY-\$1	r-ZIP			
TITLE		☐ DELETE	3 1 T/I	ΓLE			Change	Addition
NAME			3.2 NA	WE				ļ
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST	r-ZIP			
TITLE		☐ DELETE	4,† TII	n.e		•	☐ Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS)
CITY-ST-ZIP			4 4 CF	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 711	ΓLE			Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP			
TITLE		DELETE	6.1 TIT	īΕ			☐ Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP	}		6.4 Cř	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 the 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 trueftee englatmental to execute mis report as required by Chapter 607. Plorida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)