FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90013 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation				\ \	
SOUTH	FLORIDA TROLLEY CO., INC) ,			
Principal Plac	e of Business	Mailing Address		1 18211881 (18 1811 91811 86111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111	188 HILL BUILD BLAN STROL HON 1401
998 S MILITAR DEERFIELD BE US		998 S MILITARY TR DEERFIELD BEACH FL 33442 US		DO NOT WRITE IN TH	1IS SPACE
				05/12/1994 4. FEI Number	· Applied For
	Place of Business	2a. Mailing Address		59-2757155	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
20		27	•	5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ad Agent
DCC	PEZ INCENU D		81 Name	· .	
PEREZ, JOSEPH D. 3947 NW 7TH PLACE 6250 Swan'S TETTACE 82 Street A			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DEERFIELD BEACH FL 33442 COLONUT Creek, F1.					
	Corne	of Crack Fl.	63		
		3.307.3	84 City	F	85 Zip Code
		OOT 4500 Florida Otatutaa	the above period on	reaction submits this statement for the nurnose	of changing its registered
office or	registered agent, or both, in the State o	f Florida. Such change was auti	norized by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: R	legistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	VPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, DARCY		1.2 NAME	3804 SW 11th Street	
STREET ADDRESS	ALES O OUL CTILL OT		1.3 STREET ADDRESS	3804 SW 11. 3/12	
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP	loca Raton, Fl. 33433	
TITLE	DP	☐ DELETE	2.1 TITLE	•	Change ☐ Addition
NAME	PEREZ, JOSEPH D		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 6	aso Swan's Terrace	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	~~	2.4 CITY-ST-ZIP C1	bronut Creek, Fl. 3307	3 Change ∏ Addition
TITLE	S	☐ DELETE	3.1 TITLE	•	Change Addition
NAME	PEREZ, JR J		3.2 NAME	ITTI NW 13th AVE.	
STREET ADDRESS			1		. 1
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			ompano Bch, Fl 330	Change Addition
TITLE		☐ DELETE	4.1 TITLE		□ Change □ Acciden
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	-	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE	\	- DETER	5.2 NAME		
NAME CORRECT ADODESS	,		5.3 STREET ADDRESS		
STREET ADDRESS]		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS