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

Mailing Address

MIAMI FL 33129

1880 BRICKELL AVE.

· PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038649

Principal Place of Business

1880 BRICKELL AVE. MIAMI FL 33129

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

· · · · 1999

CHARLES J. GRIMSLEY AND ASSOCIATES, P.A.

Principal P	lace of Business	2a. Mailing Address	S		4. FEI Number	Applied For
21		26			65-0507384	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	ic.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State		·	6. Election Campaign Financing	\$5.00 May Be
 7 *		28	¬		Trust Fund Contribution Added to Fises	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Inta	angible .
24	25	29	30		Personal Property Tax.	☐Yes ☐No
ii	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	Agent 17
GRII	ASLEY, CHARLES J			81 Name	<u> </u>	
1880	BRICKELL AVE			82 Street Add	tress (P.O. Box Number is Not Acceptable)	
MIAI	Al FL 33129			83		
				84 City	FL	85 Zip Code
		and 607 1508 Florida	Statutes, the a	bove-named con	poration submits this statement for the purpose of	changing its registered
office or I	to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change :	was authorized	d by the corporati	ion's board of directors. I hereby accept the appoin	ntment as registered
office or I	egistered agent, or both, in the State of	of Florida, Such change ions of, Section 607.050	was authorized 05, Florida Stat	d by the corporati	ion's board of directors. I hereby accept the appoin	ntment as registered
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4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

14. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with my address, with all other like empowered. **SIGNATURE**

☐ Change

☐ Addition

Addition

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90076 035 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

05/23/1994