Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90048 040 ***155.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045344

1. Corporation Name

TITLE

NAME

STREET ADDRESS

Principal Place 2020 NE 49TH POMPANO BEA	ST.	Mailing Address 2020 NE 49TH ST. POMPANO BEACH FL 3306	4				
						E IN THIS SPAC	<u> </u>
					3. Date Incorporated or Qualifed 06/17/1994	•	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0507011		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	-	.75 Additional ee Required
City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip				8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curren			1	10. Name and Address of New Ro		
5, 1141110 41142 / 044400 01 041101				Name		-	_
RICHARD E. BULTER				Ctroot Add	ress (P.O. Box Number is Not Acceptal	blo)	
2020 NE 49TH ST			82	Street Add	ress (F.O. Box Number is Not Acceptat	ы е)	
POM	PANO BEACH FL 33064		83	1			
	•		L.	1 0"		Jack	Zip Code
			84	City		FL 85	Zip Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obligat Signature, typed or printed name of registered ager	of Florida. Such change was au tions of, Section 607.0505, Flor	ithorized by ida Statute	the corporati	oration submits this statement for the pon's board of directors. I hereby accept accept when reinstating)	t the appointment	as registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS IN 12
TITLE	PTSV	☐ DELETE	1.1 TITLE			□ CH	
NAME	BUTLER, RICHARD E	. بي م	1.2 NAME				
STREET ADDRESS	2020 NE 49TH STREET 1.3 ST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	POMPANOBEACH FL 140		1.4 CITY-	ST-ZIP			
TITLE	D DELETE 2.1 TO		2.1 TITLE			□ C+	nange
NAME			2.2 NAME				
STREET ADDRESS	2020 NE 49TH STREET 23 ST		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 2.40		2. 4 CITY-	ST-ZIP			_
TITLE		☐ DELETE	3.1 TITLE			□ Ct	nange [] Addition
NAME	•	•	3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			C	nange
NAME	,	•	4, 2 NAME	:			
STREET ADDRESS	•		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 7TTLE			c+	nange
NAME	•		5.2 NAME				
STREET ADDRESS	ē		5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-:	ST-ZIP			

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE: 乙

☐ Addition

☐ Change