## 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 # P94000055326

11. P

1700 EAST OF ONE, INC.

Principal Place of Business	Mailing Address
1700 S. SURF RD. HOLLYWOOD FL 33019	1700 S. SURF RD. HOLLYWOOD FL 33019

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90157 032 \*\*\*150.00



o S. Surf Rd. Llywood fl 33019		1700 S. SURF RD. HOLLYWOOD FL 33019					SPACE			
							Date Incorporated or Qualifed 07/26/1994			
Principal Place of Business		2a. Mailing Address				4.	. FEI Number			Applied For
		26					65-0673403			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5. Certifcate of S		Certifcate of Status Desired		<b>.</b>	75 Additional e Required				
City & State City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country 25	Zip	г	Country 30		8.	This corporation owes the curre Personal Property Tax.	nt year Int	angible □Yes	□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
SCHWIND, GEO	RGE			81	Name					
1700 S. SURF RD.		82								
HOLLYWOOD F	L 33019			83						
				84	City			FL	.	Zip Code
. Pursuant to the provisi office or registered age agent. I am familiar wit	ent, or both, in the Sta	ite of Florida. S	Such change was au	ithorized by	the corporat	poration tion's bo	n submits this statement for the pard of directors. I hereby accept	ourpose of the appoi	changin ntment a	g its registered is registered

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE SCHWIND, GEORGE 1.2 NAME NAME 1700 S. SURF RD. 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 21 TITLE TITLE SCHWIND, SABINA 2.2 NAME NAME 1700 SOUTH SURF RD. 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 attachylent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561655 8994

CR2E034 (11/98)