## 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

•	
Principal Place of Business	Mailing Address
601 NW 85TH WAY	601 NW 85TH WAY
PEMBROKE PINES FL 33024	PEMBROKE PINES FL 33024
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## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90059 011 \*\*\*150.00

1. Corporati	OWARDS, INC.	100103						
Principal Pla	ce of Business	Mailing Ad	dress			I (aciucal tra terri aran aran aran	PAR	
601 NW 85TH	WAY	601 NW 851	TH WAY			1		
PEMBROKE P	INES FL 33024	PEMBROKE	PINES FL 33024			DO NOT WIRITE I	N THIS SDACE	
•						DO NOT WRITE I  3. Date Incorporated or Qualified	N THIS SPACE	
						08/15/1994		
2 Principal	Place of Business	2a. Mailing	Address			4. FEI Number	1	Applied For
21		26				65-0533013		Not Applicable
Suite, Ap	#, etc.		Apt. #, etc.				\$8.	75 Additional
22	•	27				5. Certifcate of Status Desired	Fe	e Required
City & Sta	ate	City &	State			6. Election Campaign Financing	\$5.	.00 May Be
23	·	28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip		Country		8. This corporation owes the current		
24	25	29	30	<u> </u>		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered A	gent	81	<b>A</b> 1	10. Name and Address of New Regi	stered Agent	
1.41	JONT & NEIMAN, P.A.			"	Name			
	O S BISCAYNE BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptable)	) ,	
	E BISCAYNE TOWER, SUITE 3550	n		83			na ara ti la falsa ara ara ara ara ara ara ara ara ara a	The second second
	MI FL 33131	•		83				
141/	imi i E 00 10 1			84	City	Harris and the second of the s	85	Zip Code
<del></del>			=					
office or	registered agent, or both, in the State	of Florida. Such	change was auth	orized by	the corporation	poration submits this statement for the purpon's board of directors. I hereby accept the	e appointment a	s registered
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CITY-ST-ZIP 14. 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.

**SIGNATURE:**