Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9400075000

Country

9. Name and Address of Current Registered Agent

25

RICHARD K. WEISS, P.A.

Finicipal Flace of Busines	•
2150 NW 12TH ST	
DELRAY BEACH FL 33445	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2150 NW 12TH ST DELRAY BEACH FL 33445

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90111 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

П

10/12/1994

65-0526486

5. Certifcate of Status Desired

6. Election Campaign Financing

This corporation owes the current year Intangible
 Personal Property Tax.
 Yes

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

COOPER, GARY	The state of the s	
100 W CYPRESS CREEK RD	82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 930	83	
FT LAUDERDALE FL 33309	Jac 7:- Codo	
	84 City 85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta</li> </ol>	above-named corporation submits this statement for the purpose of changing its register d by the corporation's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	d Agent signature required when reinstating) DATE	·
12. OFFICERS AND DIRECTORS 13	The second secon	2
The state of the s	ITLE Change Ad	ldition
1 <del>-</del>	AME	
·	STREET ADDRESS	
	CITY-ST-ZIP	
	ITLE . □ Change □ Ad	idition
NAME 22	VAME	ĺ
	STREET ADDRESS	
	CITY-ST-ZIP	
	ITLE Change Ad	dition
NAME 3.2	VAME	ļ
STREET ADDRESS 3.3	STREET ADDRESS	ľ
	CITY-ST-ZIP	
	TITLE Change Ac	idition
NAME 4.2	NAME	.
STREET ADDRESS 4.3	STREET ADDRESS	į
CITY-ST-ZIP 4.4	CITY-ST-ZIP	
TITLE DÉLETE 5.1	TITLE Change CA	dition
NAME 5.2	NAME	
STREET ADDRESS 5.3	STREET ADDRESS	
CITY-SI-ZIP	CITY-ST-ZIP .	
TITLE DELETE 6.1	ITTLE ☐ Change ☐ Ac	dition
NAME 62	VAME	
STREET ADDRESS 6.3	STREET ADDRESS	ľ
	CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the ex	emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati d that my signature shall have the same legal effect as if made under oath; that I am an	ion

Country

81 Name

30

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.