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 # P94000075881

| | Mailing Address | ncipal Place of Business |
|----|---------------------|--------------------------|
| 16 | 2508 NE 17TH TERR | NE 17TH TERR |
| D | US US | AUDERDALE FL 33305 |
| 15 | FT LAUDERDALE FL 33 | AUDERDALE FL 33305 |

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90097 005 ***150.00



| 2508 NE 17TH T FT LAUDERDALI US | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1994 | | | | | | |
|---|--|------------------------------------|----------------|---------------|----------------------|--|-------------|---------------|--------|----------------------|--|--|
| 2. Principal Pl | ace of Business | 2a. Mailing Address | , 5 | | | 4. FEI Number | | _ | | ed For Applicable | | |
| 21 380 I Suite, Apt. | N UNIVERSITY DR | Suite, Apt. #, etc. | | | | 65-0528159 | | \$8.7 | | ditional | | |
| - | E 502 | 27 | | | | 5. Certifcate of Status Desired | | Fe | e Req | ired | | |
| City & State | | City & State | | | _ | 6. Election Campaign Financing Trust Fund Contribution | | | 00 M | | | |
| Zip Country Zip Zip 29 30 | | | Coun | itry | | This corporation owes the curre Personal Property Tax. | | ngible Yes | | JNo | | |
| <u> </u> | 9. Name and Address of Current F | | | | | 10. Name and Address of New R | egistered A | gent | | | | |
| | _ 5.5 sept. (25) 15 15 (4) 352 | — — | 1 | 81 | Name | | | | | | | |
| MILNE, JAMES R 2508 NE 17TH TERR | | | | 82 | Street Addres | ss (P.O. Box Number is Not Accepta | ble) | | | | | |
| FT U | AUDERDALE FL 33305 | | [| 83 | | | | | | - | | |
| s : | | | | 84 | City. | | FL | 85 | Zip Co | de | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: Reg | jistered A | Agent : | signature required v | when reinstating) | DATE | | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRE | CTOR | S IN 12 | | |
| TITLE | D | ☐ DELETE | 1.1 TETL | E | | , | | ☐ Cha | nge | ☐ Addition | | |
| NAME | MILNE, JAMES R | Α | 1.2 NAM | ME | | | | | | | | |
| STREET ADDRESS | 2508 NE 17TH TERR | | 1.3 STF | REET/ | ADDRESS | | • | | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1.4 CIT | $\overline{}$ | -ZIP | | | ☐ Cha | | ☐ Addition | | |
| TITLE | | ☐ DELETE | 2.1 TITL | | | | | L] Cila | inge | Addition | | |
| NAME | | | 22 NA | ~ * | | | × | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | ł | | |
| City-ST-ZIP | | ☐ DELETE | 2. 4 CIT | | -ZIP | | | ☐ Cha | inge. | Addition | | |
| TITLE | | | 3.1 IIII | | | | | | | | | |
| NAME | | | | | ADDRESS | | | | | 1 | | |
| STREET ADDRESS | | | 3.4. CIT | | | | | | | ļ | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITI | | -2112 | | | ☐ Cha | inge | Addition | | |
| NAME | | | 4. 2 NA | | | | | | | 1 | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| - | | | 4.4 CIT | | | | | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITI | | | | | Cha | inge | Addition | | |
| NAME | | _ | 5.2 NA | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STF | REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST- | -ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITI | LE | | | | Cha | ange | Addition | | |
| NAME | | | 6.2 NA | ME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STF | REET | ADDRESS | | | | | 1 | | |
| STALET ADDITION | | | 1 | | | | | | | } | | |

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 conforation on 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 charged, or in an attachment with an address, with all other like empowered.

SIGNATURE: