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

PROFIT CORPORATION ANNUAL REPORT

1999

RODRICKS, ALAN S 1301 NE 7TH ST STE 510

HALLANDALE FL 33009



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000079516

1610 E. HALLANDALE BEACHALLANDALE FL 33009 US 2a. Mailing Address 26	CH BLVD
<u> </u>	
Suite, Apt. #, etc.	
City & State	
28	
Zip	Country
	City & State

FILED Mar 03, 1999 8:00 am **Secretary of State**

03-03-1999 90128 037 ***150.00



	DO NOT WRITE IN THIS SPACE								
3.	Date Incorporated or Qualifed 10/27/1994								
4.	FEI Number 65-0532108			-	Applied For				
					Not Applicable				
5.	Certifcate of Status Desired			\$8.75 Additional Fee Required					

\$5.00 May Be

Added to Fees

	Personal Property Tax.		Ļ Ye	s	□NO	
T	10. Name and Address of New Reg	istered /	Agent			
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable	1)				
83						
84	City		85	Zip	Code	_

8. This corporation owes the current year Intaggible

6. Election Campaign Financing Trust Fund Contribution

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	ALAN S. RUSTI	ucs Pl.	50655 2/16/35
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature re	The state of the s
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P □ DELETE	1.1 TIFLE	☐ Change ☐ Addition
NAME	RODRICKS, ALAN S	1.2 NAME	
STREET ADDRESS	1301 NE 7TH ST, 510	1,3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4, 2 NAME	•
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	. Change Addition
NAME		6.2 NAME	المعطود ومصورة البياني المائية المعلود
STREET ADDRESS		6.3 STREET ADDRESS	
CITY_ST. 7IP		6.4 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR