Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90045 011 \*\*\*150.00

- 1 - Eury Briannia (1861 - Erby) Briania (1864) - Erby Briania (1866) - Erby (1866) - Erby (1866) - Erby (1866)

## 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 # P94000083813

1. Corporation Name

FOURTH AND LONG CORPORATION

	•						
Principal Place	e of Business	Mailing Address				+ 100 tilbut tilb 18111 et blit debut detut detat detat detat detat tales such telet trans er	
2300 GLADES RD. STE 415 EAST BOCA RATON FL 33431		2300 GLADES RD. STE 415 EAST BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 11/16/1994	
2. Principal Place of Business 2a, Mailing Address						4. FEI Number Applied For	
21 26						23-2808964 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			• ·			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State	e	City & State	<del></del>			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
Zip 24	Zip Country Zip			ry		8. This corporation owes the current year Intangible Personal Property Tax. XXYes \( \textstyle \te	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
		·· · · · · · · · · · · · · · · · · · ·	8	1	Name		
TUBBS, STEVEN R			8	2	Street Add	dress (P.O. Box Number is Not Acceptable)	
2300				_			
SUITE 415 E BOCA RATON FL 33431				3			
			} <sup>-</sup>		City	FL 85 Zip Code	
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 agen			jent s	ignature requir	ired when reinstating) DATE	
12.		D DIRECTORS  TY DELETE	13	- \		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD   ☐ Change ☐ Additional Directors III 12	
TITLE	PSD MOUACL I	(X) DELETE	1.2 NAME		I		
NAME	KUNTZ, MICHAEL J 2217 SCOTT ST. #202					KUNTZ, ROBERT 1167 Hillsboro Mile #506	
STREET ADDRESS	SAN FRANCISCO CA		1.4 CITY-			Hillsboro Beach, FL 33062	
CITY-ST-ZIP	SAIT FRANCISCO CA		2.1 TITLE		211 1	☐ Change ☐ Additi	
NAME			2.2 NAME	Ë			
STREET ADDRESS			2.3 STRE	3 STREET ADDRESS 4 CITY-ST-ZIP		الاراد المستعمل المراس المستعمل المستع المستعمل المستعمل المستعمل المستعمل المستعمل المستعمل المستعمل	
CITY-ST-ZIP			2. 4 CITY				
TITLE		☐ DELETE	3.1 TITLE	=		☐ Change ☐ Additi	
NAME			3.2 NAME	E			
STREET ADDRESS		. ]	3.3 STRE	ETA	DDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		☐ Change ☐ Addit	
TITLE		_	4.1 TITLE			_ Onlarige	
NAME				1. 2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS			4.3 STRE 4.4 CITY				
CITY-ST-ZIP TITLE			5.1 TITLE		<u> </u>	☐ Change ☐ Addit	
NAME			5.2 NAME				
STREET ADDRESS		[	5.3 STRE	ET A	DORESS		
CITY-ST-ZIP			5.4 CITY	-ST-Z	ZIP		
TITLE		☐ DELETE	6.1 TITLE	=		☐ Change ☐ Addit	
NAME	<b>:</b>		6.2 NAM	E			
STREET ANDRESS	•		6.3 STRE	ET A	DDRESS		

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 th an address, with all ether like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

<u>Vive</u>YIUIRED FER OR DIRECTOR

Daytime Phone #