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 # P95000005359

Corporation Name

TIMBRA, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90077 021 ***150.00



Principal Place of Business Mailing Address					r feditken fre feret effit adin abil dam an	*** 95151 51155 14151	51:15 10:1 15E1
11276 NW 14TH COURT 11276 NW 14TH COURT					•		
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 3302					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					01/17/1995		
2 Oringinal Di	lace of Business	2a. Mailing Address			4. FEI Number	I Ap	plied For
_ '	ace of busiless	26			65-0552985		t Applicable
26 26						\$8.75 A	Additional
	ر مانڪو ري ڪاري جين	27			5. Certificate of Status Desired L	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		red.
24	25 29		30		Personal Property Tax. Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent	
501	AND DANDALL C		81	1 Name	,		
	AND, RANDALL G		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	6 NW 14TH COURT						
PEM	BROKE PINES FL 33026		83	3			
			84	4 City		- 85 Zip (Code
	•				poration submits this statement for the purpose		
agent. I a	m familiar with, and accept the obliq $$	gations of, Section 607.0505, Fig	nda Statute	IS.	ion's board of directors. I hereby accept the ap		
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	:: Registered Age	ant signature require	ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
12.	P	DELETE	1.1 TITLE			Change	Addition
NAME	FOLAND, RANDALL G		12 NAME				
STREET ADDRESS	11276 NW 14TH COURT			ET ADDRESS			
	PEMBROKE PINES FL		1.4 CITY-				
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	FOLAND, DONA L		2.2 NAME	:			
STREET ADDRESS			2.3 STREI	ET ADDRESS			
CITY-ST-ZiP	PEMBROKE PINES FL		2. 4 CITY-	-ST-ZIP	_	·	
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STREE	ET ADORESS			
CITY-ST-ZIP	,		3.4. CITY-	-ST-ZIP		<u> </u>	.
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	·		4, 2 NAME	Ē			
STREET ADDRESS			4.3 STRE	ETADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	L	•		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME		- 1.	6.2 NAME				
STREET ADDRESS	,		6.3 STRE	ET ADDRESS			
AUTH OT 71D	i .		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 organ attachment with an address, with all other like empowered.

SIGNATURE: