

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90018 042 ***158.75

DOCUMENT # P95000009626

1. Corporation Name
TIMBERLINE, INC.

Principal Place of Business
860 NE 76TH STREET
BOCA RATON FL 33487

Mailing Address
860 NE 76TH STREET
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1995

4. FEI Number
65-0442981

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 7003 MANDARIN DR
Suite, Apt. #, etc.

26 7003 MANDARIN DRIVE
Suite, Apt. #, etc.

22 C/O R.W. BEAVER
City & State

27 C/O R.W. BEAVER
City & State

23 BOCA RATON, FL
Zip

28 BOCA RATON, FL
Zip

24 33433 Country
25 USA

29 33433 Country
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAVER, ROBERT W
860 NE 76TH STREET
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7003 MANDARIN DRIVE

83 BOCA RATON

84 City

FL

85 Zip Code
33433

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BEAVER, ROBERT W
STREET ADDRESS 860 NE 76TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7003 MANDARIN DRIVE
1.4 CITY-ST-ZIP BOCA RATON FL 33433

TITLE ST ☐ DELETE
NAME TUSO, JOHN
STREET ADDRESS 860 NE 76TH STREET
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7003 MANDARIN DRIVE
2.4 CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)