


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

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90002 008 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000018223**

1. Corporation Name  
**120TH CORPORATION**



Principal Place of Business 1175 NE 125TH STREET SUITE 600 NORTH MIAMI FL 33161	Mailing Address 1175 NE 125TH STREET SUITE 600 NORTH MIAMI FL 33161
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12002 Miramar Parkway</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>12002 Miramar Parkway</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miramar, Florida</b>	27 City & State 28 <b>Miramar, Florida</b>
24 Zip <b>33025</b> 25 Country <b>USA</b>	29 Zip <b>33025</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>03/06/1995</b>	4. FEI Number <b>65-0641070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**HOWELL, DAVID**  
 1175 NE 125TH STREET  
 SUITE 600  
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name <b>Howell, David</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12002 Miramar Parkway</b>
83
84 City <b>Miramar</b>
85 Zip Code <b>FL 33025</b>

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]* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>HOWELL, DAVID</b>	
STREET ADDRESS	<b>1175 N.E. 125TH ST., SUITE 600</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>D</b>		
1.2 NAME	<b>Howell, David</b>		
1.3 STREET ADDRESS	<b>12002 Miramar Parkway</b>		
1.4 CITY-ST-ZIP	<b>Miramar, FL. 33025</b>		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]* DATE: **8-3-99** DAYTIME PHONE #: **(954) 443-5739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11E034 (11/98)