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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

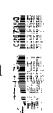
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026782

1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90156 010 ***300.00



ACT REA	ALIY CO.									
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Principal Place	e of Business	Mailing Address				- 11	(##I/##I 110 1410) AI(11 AB)I	(BBITI BBITI BBITI	i ilifilik metre tama	H TORTO CHOLISON
12231 S.W. 112TH STREET 12231 S.W. 112TH SMIAMI FL 33186 MIAMI FL 33186			ET							
								RITE IN THIS	SPACE	
					3.	•	ncorporated or Qualif 4/1995	ed		
2. Principal P	lace of Business	2a. Mailing Address			4	, FEI N	umber	_	A	pplied For
21 94115 Senset Dr. 26 9415			enset Ar.			APPL	.ied <u>for</u>		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certifo	ate of Status Desired			Additional
22 کر	27 Suite 12	Suite 125			. Coraio			Fee R	equired	
City & State City & State			,,,			, Electio	on Campaign Financii	ng 🗆		May Be
	ioni, Fl.						und Contribution	_	_	to Fees
Zip Country Zip			Country				orporation owes the o	urrent year In		
24 331		29 30	<u>'l</u>				nal Property Tax.	Bosistarad	Yes	□No
	9. Name and Address of Current	t Registered Agent	81	Nome	10	. Name	and Address of Ne	w registered	Agent	
MOLIVER, DAVID A				Name ∕∆⊲	رزحلا	A. 1	Moliver			
13434 S.W. 90TH AVE.					reet Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33186			-	94	<u>(5</u> 5	ons	et Ar. #(<u>25</u>		
(AIR-A	WI FL 33 100		83							
	•		84	City					85 Zip	Code 3 <i>し</i> てる
				/	Mich	Nî.		FL	_ 3	3673
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abov	e-named of the corpo	corporation tration's b	on submi poard of	its this statement for directors, I hereby ac	the purpose of cept the appo	i changing its intment as re	s registered egistered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	j.			,			Ĭ
SIGNATURE										
	Signature, typed or printed name of registered agen		•	nt signature re				DATE		222
12.		D DIRECTORS	13.			ADDITE	ONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	PD DALED A	☐ DELETE	1.1 TITLE						Z Junings	
NAME	MOLIVER, DAVID A		1.2 NAME		e. 1		./ //~	#12		í
STREET ADDRESS	13434 S.W. 90TH TERRACE			T ADDRESS			enset Ar.			1
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-S	T-ZIP	<u></u>	tom	1, Fl. 3317	د	☐ Change	Addition
TITLE		☐ DELETÉ	2.1 TITLE						□ Citalige	☐ Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	† ADDRESS						
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				_		
TITLE		☐ DELETE	3.1 TiTLE						Change	Addition
NAME	<u></u>		3.2 NAME							٠٠
STREET ADDRESS	· ·		3.3 STREE	TADDRESS						
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TITLE		☐ DELETÉ	4.1 TITLE						Change	☐ Addition
NAME	İ		4. 2 NAME							
STREET ADDRESS				TADDRESS						
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TITLE]	☐ DELETE	5.1 TITLE	Ì					Change	Addition
NAME	}		5.2 NAME	- 1005						
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP			5.4 CITY-5	T-ZIP						FM 4 Jakes -
TITLE]	☐ DELETE	6.1 TITLE	-					Change	Addition
NAME	1		6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
			6.4 CITY-5	or man						

14. 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:

EXEQUIRED YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-270-0500

Daytime Phone #