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 # P95000034460

1. Corporation Name

8500-8530 NW 40TH STREET, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90098 035 ***150.00



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Principal Place of Business Mailing Address							() 46 41 40	11111 4 4815 9165	
8411 W. OAKLAND PARK BLVD., SUITE 202 8411 W. OAKLAND PARK BLVD., S					202				
SUNRISE FL 33351 SUNRISE FL 33351						DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or Qualified 05/03/1995 			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		~ - A	pplied For
21 26						65-0579969		N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional
22 27						5. Certifcate of Status Desired		Fee R	tequired
City & State City & State						6. Election Campaign Financing			May Be
23 28						Trust Fund Contribution			to Fees
Zip				ntry		8. This corporation owes the current year Intangible			
24	25 29 30			Personal Property Tax. ✓ Yes No					No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	legistered .	Agent	
044	ADION BEDNAOD D			81	Name				•
CANARICK, BERNARD D 8411 W. OAKLAND PARK BLVD., SUITE 202				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)	·	
	RISE FL 33351		ļ	83					
				84	City		FL	85 Zip	Code
					L	1 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, <u> </u>	o sociatorod
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was	authorized	Dγ	the corporation	oration submits this statement for the n's board of directors. I hereby accep	ot the appoi	ntment as r	egistered
SIGNATURE								_	{
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOT	E: Registered	Agen	nt signature required		DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D DELETE		1.1 TIT	1.1 TITLE				Change	☐ Addition
NAME	Canarick, Bernard D		1.2 NA	ME					
STREET ADDRESS 8411 W. OAKLAND PARK BLVD., SUITE 202			1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CI	Y-\$1	T-ZIP				
TITLE		☐ DELETE	2.1 TIT	LE			_	Change	☐ Addition
NAME			2.2 NA	2.2 NAME			•		
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			2.4 CI						
CITY-ST-ZIP				3.1 TITLE				Change	☐ Addition
	_			3.2 NAME					
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STREET ADDRESS			4		- 1				ļ
CITY-ST-ZIP			_	34. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE	_			4.2 NAME		•		_ ' '	_
NAME					TADORESC)
STREET ADDRESS					TADDRESS				
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NAME					T 4 DDMEDO				
STREET ADDRESS			1		T ADDRESS	,			Į.
CITY-ST-ZIP			5.4 CI		II-ZIP				Addition
TITLE	E □ DELETE			6.1 TITLE				Change	Addition
NAME			6.2 NA						ľ
STREET ADDRESS			6.3 ST	6.3 STREET ADDRESS		·			ĺ
F	l		6400	v e	T 710		•		I

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 receivered 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 Chapter 607, and the same appears in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivered 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 Chapter 607, Florida Statutes.

SIGNATURE: