PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034583

BEST COPY SERVICE, INC.

Principal Place	e of Business	Mailing Address) . A CONTINUE OF THE STATE OF	Bill bei bei milliche mermet i	BIES INI ISSY	
4815 N.W. 5TH CT.		4815 N.W. 5TH CT.							
PLANTATION FL 33317		PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE				
} .						3. Date Incorporated or Qualifed	<u></u>	-n-	
						05/03/1995			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For	
21		26				65-0581283	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22						4. Certificate of Status besides	Fee:Re	drined	ľ
- City & State	·	City & State				-6Election Cempaign Financing —	\$5.00		
23	<u> </u>	28				Trust Fund Contribution	Added to	Fees	
Zip	Country		Country			8. This corporation owes the current year	Intangio le	□No	l
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registers			
	9. Name and Address of Curr	rent Kegistered Agent	-	81 Name	~	<u> </u>			
SMAT	TH, JOHNNIE B JR.					riam Acosta			
	N.W. 5TH CT.			B2 Street	Addres	is (P.O. Box Number is Not Acceptable)			
PLAI	NTATION FL 33317			83					
					116	81 SW 142 Place	. 85 Zip C	ode	
	\cap			84 City	м		·L 331	86	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Flor/da Sta	tutes, the a	pove-named	corpor	1.3 m1 ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its	registered	
office or f	egistered agent, or both, in the Sta	ite of Florida. Such change was loations of, Seption 607,0505, i	s authori∕zed Florids∕Statı	by the corp ites.	oration	's board of directors. I nereby accept the ap-	pominiment as 100	1310100	
(11/1/11/11	XXX							
SIGNATURE				Agent signature r	equired w		AND DIRECTO	20 Mt 20	á
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	111/08
TITLE	PD	∑ DELETE	1,1 11		l .	resident		_	1
NAME	SMITH, JOHNNIE B JR.		12 N	WIE REET ADDRESS	M:	iriam Acosta			100
STREET ADDRESS	4815 N.W. 5TH CT.			MEE! VIIINESS	ŀ				
CITY-ST-ZIP	PLANTATION FL 33317			TV CT. 710	1	1681 SW 142 Place			ន
WILE		☐ DELETE	140	IY-ST-ZP	1	1681 SW 142 Place lami, FL 33186	☐ Change	Addition	Ş
NAME		☐ DELETE	14CF 2.1TM	Ŋ.E	1		☐ Change	Addition	Ş
NAME execut apopular		☐ DELETE	14 CF 2.1 TF 2.2 NA	TLE IME	1		Change	Addition	ç
STREET ADDRESS		☐ DELETE	14 CF 2.1 TF 22 NA 23 ST	Ŋ.E	1		Change	·-	ç
STREET ADDRESS		DELETE	14 CF 2.1 TF 22 NA 23 ST	TLE LWE REET ADDRESS TY-ST-ZIP	1		☐ Change	Addition	COC
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STREET ADDRESS CITY-ST-ZEP TITLE			14 Cr 2.1 Tr 22 N/ 23 ST 2.4 G 3.1 Tr 3.2 N/	ILE WAE REET ADDRESS TY-ST-ZIP ILE	1			·-	Sec
STREET ADDRESS CITY-ST-ZEP TITLE NAME		☐ DELETE	14 CI 2.1 TII 22 N/ 23 ST - 2 4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI	TLE WE REET ADDRESS TV-ST-ZIP TLE ME REET ADDRESS TV-ST-ZIP	1		Change	Addition	000
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS			14 CI 2.1 TII 22 N/ 23 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST	TLE WE REET ADDRESS TV-ST-ZIP TLE ME REET ADDRESS TV-ST-ZIP	1			·-	Cac
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ DELETE	14 CT 2.1 TII 22 NA 23 ST 2.4 G 3.1 TI 3.2 NA 3.3 ST 3.4 C 4.1 TI 4.2 NA	TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE AME	1		Change	Addition	000
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4. I hereby certify that the information supplied with this filling does indicated on this annual report of suppliemental annual report of officer or director of the corporation of the receiver or trustee an Block 12 or Block 13 if changed or of an attachment with an a

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am en xecute this report as required by Chapter 807, Florida Statutes; and that my name appears in

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

05-08-1999 90080 006 ***150.00