

FILE NO1

AMENDED ANNUAL REPORT - 1997

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**

**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**  
1. Corporation Name

P95000044854

1501 163RD STREET, INC.

Principal Place of Business

Mailing Address

1365 GINGER CIRCLE  
WESTON FL 33326

SAME

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

6/12/1995

3a. Date of Last Report

05/19/97

4. FEI Number

65-0597777

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**

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes
☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE

D/P

NAME

BOYD, BRET

STREET ADDRESS

570812 ARBOR CLUB WAY

CITY - ST - ZIP

BOCA RATON FL 33433

TITLE

D/VP

NAME

SCHMIDT, ROBERT E III

STREET ADDRESS

330 E. KILBOURNE AVE, #1454

CITY - ST - ZIP

MILWAUKEE WI 53202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D/P/S/T

12 NAME

BOYD, BRET

13 STREET ADDRESS

1365 GINGER CIRCLE

14 CITY - ST - ZIP

WESTON FL 33326

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: BRET BOYD, PRESIDENT

Bret Boyd 10-20-97 954-389-6162

CFR2034 (9/96)

FILED

97 OCT 22 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(2)

RECEIVED  
FILING COVER SHEET  
97 OCT 22 AM 10:32

ACCOUNT NUMBER: ECA000000014 DIVISION OF CORPORATION  
REFERENCE: 0162.776  
DATE: 22 OCT 97  
CONTACT NAME: CINDY HICKS  
REQUESTOR NAME: CORPORATE & CRIMINAL RESEARCH SERVICES  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
TELEPHONE: 904-222-1173  
AUTHORIZATION: Cindy Hicks  
CORPORATION NAME: 1501 163rd Street, Inc..  
DOCUMENT NUMBER: \_\_\_\_\_  
(if known)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input checked="" type="checkbox"/> ANNUAL REPORT  | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> CERT. OF AUTHORITY        | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT             | <input type="checkbox"/> UCC 1                            | <input type="checkbox"/> UCC 3                   |
| <input type="checkbox"/> OTHER _____               |   |  |

☐ CERTIFIED COPY  
☐ CERTIFICATE OF STATUS  
☒ PLAIN STAMPED COPY

COST LIMIT

25

\$61.25

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> CALL WHEN READY | <input type="checkbox"/> CALL IF PROBLEM | <input type="checkbox"/> AFTER 4:30 |
| <input type="checkbox"/> WALK IN         | <input type="checkbox"/> WILL WAIT       | <input type="checkbox"/> PICK UP    |
| <input type="checkbox"/> MAIL OUT        |  |                                     |