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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOEOOOAGEOG

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90226 033 \*\*\*150.00

| 1. Corporation Name  | J40000                            |              |  |   |  |   |                                 |          |                |  |
|--|-----------------------------------|--------------|--|---|--|---|---------------------------------|----------|----------------|--|
| TILT-WALL, INC.  | ,                                 |              |  |   |  |   |                                 |          |                |  |
|  |                                   |              |  |   |  |   |                                 |          |                |  |
| Principal Place of Business  | Mailing Address                   | _            |  | I 1881180: 148 3610: Mallie David gebit antif gants gebit gebit greet geben gerat gate sabt   |  |   |                                 |          |                |  |
| C/O S. KIMMEL 2701 GRIFFIN RD 2701 GRIFFIN RD 5T LAUDERDALE FL 33312  C/O S. KIMMEL 2701 GRIFFIN RD 5T LAUDERDALE FL 33312 |                                   |              |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  |  |   |                                 |          |                |  |
|  |                                   |              |  | 06/12/1995  |  |   |                                 |          |                |  |
| Principal Place of Business     2a. Mailing Address  |                                   |              |  | 4. FEI Number Applied For   |  |   |                                 |          |                |  |
| 21 26  |                                   |              |  | 64-0649464 Not Applicable   |  |   |                                 |          |                |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27   |                                   |              |  | 5. Certifcate of Status Desired Sequired Fee Required   |  |   |                                 |          |                |  |
| City & State         City & State           23         28  |                                   | _            |  | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees   |  |   |                                 |          |                |  |
| Zip Country  | Zip                               | Countr       | у  | 8. This comporation owes the current year Intangible  |  |   |                                 |          |                |  |
| 24   | 29 30                             | 7            | -  | 8. This corporation owes the current year Intangible Personal Property Tax (2) (1) (1) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 |  |   |                                 |          |                |  |
| 9) Name and Address of Current   |                                   | 1            |  | 10. Name and Address of New Registered Agent  |  |   |                                 |          |                |  |
|  |                                   | 81           | Name   |   |  |   |                                 |          |                |  |
| KIMMEL, STANLEY<br>2701 GRIFFIN RD<br>FT LAUDERDALE FL 33321   |                                   |              | 82 Street Address (P.O. Box Number is Not Acceptable) 83 |   |  |   |                                 |          |                |  |
|  |                                   |              |  |   |  |   |                                 | 84       | ),             | FL 85 Zip Code   |
|  |                                   |              |  |   |  | <ol> <li>Pursuant to the provisions of Sections 607.0502<br/>office or registered agent, or both, in the State of<br/>agent. I am familiar with, and accept the obligation</li> </ol> | t Florida. Such change was auth | orizea o | v the corporat | poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered |
| SIGNATURE Signature, typed or printed name of registered agent   | and title if applicable (NOTE: Re | gistered Age | ent signature requir                                     | ed when reinstating) DATE   |  |   |                                 |          |                |  |
| 12. OFFICERS AND   | DIRECTORS                         | 13.          |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |                                 |          |                |  |
| TITLE -DP  | DELETE                            | 1.1 TITLE    |  | Pres Treasurer Change Addition  |  |   |                                 |          |                |  |
| NAME KIMMEL, STANLEY   |                                   | 1.2 NAME     |  | -4.1  |  |   |                                 |          |                |  |
| · ·  |                                   |              | ET ADDRESS   | ) they tacyton  |  |   |                                 |          |                |  |
| CITY-ST-ZIP FT LAUDERDALE FL 33312   |                                   | 1.4 CITY-    | ST-ZIP   |   |  |   |                                 |          |                |  |
| OTT OT AT 1 1 D TO DO TE OUT IL  | □ per ett                         |              |  | Change Addition   |  |   |                                 |          |                |  |

.2 NAME KIMMEL, STANLEY 2701 GRIFFIN RD 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 1.4 CITY-ST-ZIP CITY-ST-ZiP 1) UP + Sec Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME MOFFLY, EDWARD 2.3 STREET ADDRESS STREET ADDRESS 2701 GRIFFIN ROAD FT LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition T DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ■ Addition ☐ DELETE TITLE 6.2 NAME NAME 6,3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing hoes 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 proof 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 during the perpowers 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 air address with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytim

aytime Phone #