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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90121 023 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056505

1. Corporation Name

FLORIDA LIENS UNLIMITED, INC.

Principal Place of Business

**601 N DIXIE HWY
WEST PALM BEACH FL 33402-4507**

Mailing Address

**P O BOX 4507
WEST PALM BEACH FL 33402-4507**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

65-0595350

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 215 Fifth Street, Ste. 300

Suite, Apt. #, etc.

22 300

City & State
West Palm Beach, FL

Zip Country
33401 Palm Beach

24 33401 25 Palm Beach

2a. Mailing Address

26 P.O. Box 3546

Suite, Apt. #, etc.

City & State

28 West Palm Beach, FL

Zip Country
29 33402-3546 30 Palm Beach

9. Name and Address of Current Registered Agent

**GELSTON, FRED H.
601 N DIXIE HWY
WEST PALM BEACH FL 33402-4507**

10. Name and Address of New Registered Agent

81 Name

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

215 Fifth Street, Ste. 300

83

84 City

West Palm Beach, FL

FL

85 Zip Code

33401

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** ☐ DELETE

NAME **SWEET, JAY L**
STREET ADDRESS **12232 52 ROAD NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☒ DELETE

NAME **LAROSE, NICHOLAS**
STREET ADDRESS **184 BOB WHITE RD**
CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE **D** ☐ DELETE

NAME **GELSTON, FRED H**
STREET ADDRESS **601 N DIXIE HWY**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **D** ☒ DELETE

NAME **DAMSEL, CHARLES H JR**
STREET ADDRESS **601 N DIXIE HWY**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)