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## 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 # P95000088353

1. Corporation Name

PERMITS, ETC. NO. 2, INC.

					[	, <b>6</b>	ANDI DIRBO IRIZ IDDI	
Principal Place of Business Mailing Address						•		
639 EAST OCEAN AVENUE 639 EAST OCEAN AVENUE			NUE					
SUITE 408		SUITE 408				DO NOT WRITE IN THIS SPACE		
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 3343			13435		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						1.		
					11/17/1995		A Need From	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FE! Number	<del> </del> -	Applied For	
21		26			65-0648088		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certifcate of Status Desired	M '	5 Additional Required	
City & State	9	City & State			6. Election Campaign Financing	□ \$ <b>5.</b> 0	<b>)0</b> May Be	
23		28			Trust Fund Contribution	Adds	ed to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	ment year Intangible		
24	25 29 30		_	Personal Property Tax. Yes No				
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Agent		
81 Name					called themas of The			
WOOLLEY, THOMAS J JR				82 Street Address (P.O. Box Number is Not Acceptable): A light of the street and				
1115 NORTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435				82 Street Address (P.O. Box Number is Not Acceptable)  83 83 83				
BUTNIUN BEACH FL 33435				83 Pa1	m Boech Ga	nderys.		
				84 City		FL 85 3	Sip Code 3 4/8	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo					poration submits this statement for the	e 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.								
agent. i ai	m tamiliar with, and accept the oblig	jations of, Section 007.0303,	i iona otati	163.				
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable (N	IOTF: Registered	Agent signature requir	red when reinstating)	DATE	<del></del>	
12.		AND DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO O	FFICERS AND DIREC	TORS IN 12	
TITLE	PVST	☐ DELETE		LÉ		☐ Chan		
NAME	DELUCA, MICHAEL		1.2 NA					
_		NA/A V		REET ADDRESS	_			
STREET ADDRESS	1115 NORTH FEDERAL HIGH	IVAT			•		ļ	
C(TY-ST-ZIP	BOYNTON BEACH FL 33435	☐ DELETE		Y-ST-ZIP	<del></del>	Chan	ge Addition	
TITLE	D						•••	
NAME	DELUCA, MICHAEL		2.2 NA	,		مينسيسيندن المحامدين		
STREET ADDRESS	1115 NORTH FEDERAL HIGH	WAY	2.3 ST	REET ADDRESS		•		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>			TY-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	LE		Chan	ge 🗌 Addition	
NAME			3.2 NA	ME (			Į	
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE		☐ Chan	ige 🗌 Addition	
NAME			4. 2 N	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
				Y-ST-ZiP			l	
CITY-ST-ZIP TITLE		☐ DELETE				☐ Chan	nge Addition	
			5.2 NA	I .		_	·	
NAME				REET ADDRESS				
STREET ADDRESS				Y-ST-ZIP			ł	
CITY-ST-ZIP						☐ Chan	ge Addition	
TITLE		☐ DELETE				L. Crian	ge ⊟ Addigon (	
NAME			6.2 NA	ME			ļ	

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 suppliemental 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP