

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091683 (9)

1. Corporation Name

**Flamingo Falls, Inc.**

Principal Place of Business

Mailing Address

**2419 E. Commercial Blvd., Ste. 301  
Ft. Lauderdale, FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**11/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**65-0639218**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

23

28

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

24 Zip

Country

29 Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Stockamore, John H.  
2419 E. Commercial Blvd., Ste. 301  
Ft. Lauderdale, FL 33308**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **Stockamore, John H.**  
STREET ADDRESS **2419 E. Commercial Blvd., Ste. 301**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

☐ DELETE

TITLE **VD**  
NAME **Nevel, Sam B.**  
STREET ADDRESS **6401 S.W. 87 Ave., Ste. 301**  
CITY-ST-ZIP **Miami, FL 33173**

☐ DELETE

TITLE **VD**  
NAME **Ames, Ronald**  
STREET ADDRESS **6700 N. Andrews Ave., Ste. 102**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

☐ DELETE

TITLE **VD**  
NAME **Stockamore, Rick N.**  
STREET ADDRESS **2419 E. Commercial Blvd., Ste. 301**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

☐ DELETE

TITLE **SD**  
NAME **Nevel, Michael**  
STREET ADDRESS **6401 S.W. 87 Ave., Ste. 301**  
CITY-ST-ZIP **Miami, FL 33173**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)

380002454953  
-03/12/98--01016--014  
\*\*\*150.00

3/6/98