

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 010 ***158.75

DOCUMENT # P95000097250

1. Corporation Name
5333 COLLINS AVENUE, INC.

Principal Place of Business

5333 COLLINS AVE
707
MIAMI BEACH FL 33140
US

Mailing Address

5333 COLLINS AVE
707
MIAMI BEACH FL 33140
US

2. Principal Place of Business

21 980 N. Federal Hwy
Suite, Apt. #, etc.

22 Suite # 200

23 Boca Raton, FL

24 33432 25 U.S.A.

2a. Mailing Address

26 980 N. Federal Hwy
Suite, Apt. #, etc.

27 Suite # 200

28 Boca Raton, FL

29 33432 30 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

4. FEI Number

65-0639961

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

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 607.1505, 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE: 12/28/99

12. OFFICERS AND DIRECTORS

TITLE: ☐ DELETE

NAME: PSTD
COMPARATO, JAMES
STREET ADDRESS: 5333 COLLINS AVE #707
CITY-ST-ZIP: MIAMI BEACH FL

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

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 agreement with an address, with an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)