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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 020 \*\*\*150.00

## DOCUMENT # P9600006012 1. Corporation Name

EXPERTEE'S OF FT. LAUDERDALE CORP.

Principal Place	e of Business	Mailing Address						
3750 NE 4TH A	WE	3750 NE 4TH AVE						
FT LAUDERDAL		FT. LAUDERDALE FL 33334	FT. LAUDERDALE FL 33334					
US		US				DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualif</li> <li>01/18/1996</li> </ol>	ed		
	( D	a. Mailing Addrops			4. FEI Number			ppl ed For
<b>⊢</b>	lace of Business	2a. Mailing Address			65-0648106			ot Applicable
21		26			03-0040100			
Suite, Art. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>d</b> 🗆		Additional equired	
22	<u></u>	27						
City & Stat	le	City & State			6. Election Campaign Financin	1 1 1		
23		28			Trust F and Contribution			to Fees
Zip	Coun:ry	Zip	Count	ry	8. This corporation owes the c	current year Inta		£3.4.
24	25		30		Person al Property Tax.	<del></del>	☐Yes	[]No
	9 Name and Add ess of Curre	nt Registered Agent			10. Name and Address of Ne	w Registere 1 A	gent	
D411	ALL DETIL		8	11 Name				
	ALLI, BETH	•	82 Street A		Address (P.O. Box Number is Not Acce	eptable)		
1	NW 47TH COURT			- Clidely	Total Control of the French	,,		
FT. I	LAUDERDALE FL 33309			13				
			8	4 City		FL	85 Zip	Code
			<u></u>	<u> </u>	corporation submits this statement for t		abanging it	radictored
SIGNATURE	am familiar with, and accept the oblig				equired when reinstating)	DATE		
12.	OFFICERS A	NE DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	D DIRECTO	OF S IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	HENGY, JIM		1 2 NAM	E				
STREET ADDRESS	ATEC ME ATEL MATE		1.3 STRE	EET ADORESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33334		1.4 CITY	!	İ			
TITLE	TT DIODERDIEC TE GOOT	☐ DELETE	2.1 TITLE				Change	Addition
			2.2 NAM					
NAME	,			EET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	2. 4 CITY 3 1 TiTLE				Change	Addition
TITLE		Decere	l l				спапус	
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			3.4. CITY				[] Chance	T 4446
TITLE		☐ DELETE	4.1 TITLE	=			Change	Addition
NAME			4. 2 NAM	Æ .	:			
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE	- <del>-</del> -			Change	Addition
NAME			5.2 NAM	E				
STREET ADDRLSS			5.3 STRI	EET ADDRESS				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				
TITLE	<del>                                     </del>	☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	E I	1		*	
				EET ADDRESS				
STREET ADDR (SS	1		I.					
CITY OT 7ID	1		0.4 CH Y	-ST-ZIP	1			

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 change I, or on an attachment with an address, with all other like empowered

SIGNATURE: