Mailing Address 21 SE 10TH ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000018916

1. Corporation Name

Principal Place of Business

21 SE 10TH ST

PRECIOUS PIECES PICK-UP SERVICE, INC.

| US DEERFIELD BEACH FL 33441 V | | DEERFIELD BEACH FL 33441 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
|-------------------------------|--|------------------------------------|----------------|--|--|-----------------------------------|------------------------|
| | | | | | | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | • | 4, FEI Number | Apr | olied For |
| 21 26 | | | | | 65-0642627 | No | Applicable |
| Suite, Apt. | Suite, Apt. #, etc. | pt. #. etc. | | | \$8.75 A | dditional | |
| ¬ | | | · | | 5. Certificate of Status Desired | Fee Red | |
| 22 | | | _ | | 6. Election Campaign Financing | \$5.00 | May Re |
| | - | 28 | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Zip Country | | This corporation owes the current year In | | |
| | 25 | · | 30 | , | Personal Property Tax. | | □No |
| 24 | 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered | Agent | |
| | 9. Name and Address of Com- | ent Registered Agent | | Name | 10. | | _ |
| CHU | CK MOGBO, P.A. | | Ľ | | | | |
| 2331 N STATE RD 7 | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| SUITE 124 | | | 83 | | | | |
| LAUDERHILL FL 33313 | | | 0, | ' | | | } |
| LAUL | DENITIEE FE 353 13 | | 84 | City | | 85 Zip C | Code |
| | | | |] | <u>Fl</u> | | |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Statute | s, the abov | re-named o | corporation submits this statement for the purpose or ration's board of directors. I hereby accept the appo | t changing its pintment as rec | registered gistered |
| agent. I a | m familiar with, and accept the obli | gations of, Section 607.0505, Flor | ida Statute | S. | ,, | | |
| SIGNATURE | - | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered a | • | Registered Age | ent signature re | quired when reinstating) DATE | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | | • | Change | ☐ Addition |
| NAME | NORMAN, DANIEL SR | | 1.2 NAME | 1 | | | |
| STREET ADDRESS | 2106 NW 70TH ST | | 1.3 STREE | TADDRESS | | | ! |
| CITY+ST-ZIP | MIAMI FL 33147 | · | 1.4 CITY- | ST-ZIP | | | |
| TITLE | V | DELETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | ALLEN, DERRICK A | | 2.2 NAME | | | | [|
| STREET ADDRESS | 2106 NW 70TH ST | | 2.3 STREE | T ADDRESS | | - | J |
| CITY-ST-ZIP | MIAMI FL 33147 | | 2. 4 CITY- | ST-ZIP | <u> </u> | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | • | 3.2 NAME | | · | | |
| STREET ADDRESS | | | 3.3 STRE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | 1 | | ☐ Change | ☐ Addition |
| NAME | | _ | 4. 2 NAME | . | | | |
| | | | | T ADDRESS | | | |
| STREET ADDRESS | | - | | | | | (|
| CITY-ST-ZIP | | □ DELETE | 4.4 CITY-1 | 31-ZIF | | ☐ Change | Addition |
| TITLE | | ليا كالنداد | 5.3 NAME | | | | _ |
| NAME | | | | ET ADDRESS | | | |
| STREET ADDRESS | | • | 5.4 CITY- | | | | |
| CITY-ST-ZIP | <u> </u> | | 6.1 TITLE | 31-ZIF | | Change | Addition (|
| TITLE | | ☐ DELETE | 6.2 NAME | | | | |
| NAME | · | | | | | | |
| PERFECT ADDRESS | | | 6.3 STRE | et adoress ì | | | |

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:

CITY-ST-ZIP

Daytime Phone #

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90057 009 ***150.00