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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000020773

FLORIDA TIME, INC.

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90131 041 ***150.00

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Principal Place	e of Business	Mai	iling Address				1,0011001111		.,,			•
2315 N.W. 107T	TH AVE.	2315	N.W. 107TH AVE.									
BOX 124 BOX 124								DO NOT WRI	TE IN THIS	SPACE		
MIAMI FL 33172 MIAMI FL 33172							2 Date Incorpora	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
	•						03/06/1996					
a Principal P	Place of Business	22	Mailing Address	_			4. FEI Number	<u>-</u>			Applied For	\dashv
	lace of business	-	Walling Addicas				65-057193	1			Not Applicat	
21 Cuito Ast	# oto	26	Suite, Apt. #, etc.				03-037-133	.l			Additional	_
Suite, Apt.	#, etc.	├ ─┐	Oute, Apt. #, oto.				5. Certifcate of S	tatus Desired		4 - · · ·	Required	
City & State	0	27.	City & State				6. Election Camp	aign Financing		\$5.0	0 May Be	= 1
··)	ic.	28	Ony a class				Trust Fund Co	•			d to Fees	}
Z ip	Country		Zip	Cou	untry		8. This corporation		ent vear inta			$\neg \neg$
—	25	29		30			Personal Prop		on your ma	Yes	No	1
24	9. Name and Address of Curi		ered Agent	1301	Т		10. Name and Ac		Registered	Agent		
	9. Name and Address of Cur	rent itegiat	urea Agent		81	Name	10.					
FFIC	DMAN, DAVID						·-·					
	LINCOLN ROAD				82	Street A	Address (P.O. Box Number	er is Not Accepta	able)			
PH N					83							\dashv
	MI BEACH FL 33139				03							- 1
IVIIAN	WILDEACH FE 33139				84	City		-	C-1	85 Zi	p Code	
									<u>FĻ</u>	<u> </u>		
11, Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 60	7.1508, Florida Statu	ites, the a	above d by	a-named (corporation submits this s tration's board of director:	tatement for the	purpose of of the appoir	cnanging ntment as	its registere realstered	:a
oπice or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ligations of,	Section 607.0505, Flo	orida Stat	tutes.	ine corpo	Mation's board or all solor.	3. 1 Haraby assa				J
						•						- 1
CICNATURE						•						
SIGNATURE	Signature, typed or printed name of registered	agent and title if					equired when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered OFFICERS		applicable. (NOTO	E: Registered	d Agen			ANGES TO OF				
	Signature, typed or printed name of registered OFFICERS PTSD		applicable. (NOT)	E: Registered	d Agen			IANGES TO OF		D DIREC		
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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 fike empowered.