PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021425

1. Corporation Name

RRAND FOLLITY PARTNERS INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90153 046 ***150.00

21 26 65-0657357 Not. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Ac Fee Req City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 No. 23 Zip Country 8. This corporation owes the current year Intangible	ruired May Be
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REY BISCAYNE FL 33149 US 23. Do Not write in this space 3. Date incorporated or Qualifed 03/07/1996	Applicable dditional juired May Be
US DO NOT WRITE IN THIS SPACE	Applicable dditional juired May Be
3. Date Incorporated or Qualifed 03/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0657357	Applicable dditional juired May Be
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24 25 29 30 Personal Property Tax.	
	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
HUGH F. CULVERHOUSE, JR., P.A. 82 Street Address (P.O. Box Number is Not Acceptable)	
ONE DISCATRE TOWER	
SUITE 3599	
MIAMI FL 33131 - 84 City - 85 Zip Co	ode
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 runffice or registered agent, at 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.	egistered
office or registered agent, of both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reginger to the collisional accept the obligations of Section 607 05/05. Florida Statutes.	ısterea
SIGNATURE STORAGE Wood or printed name of reostered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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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 april 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 of 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:

OFFICER OR DIRECTOR