Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90008 007 \*\*\*150.00

## 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

## DOCUMENT # P96000035361

1. Corporation Name

BALLS BOAD CORP

TIALLO TR										
Principal Place	of Business .	Mailing Address					1141 <b>40108</b> 4	)1 <b>5</b> 1 <b>5</b> 11 <b>56</b>	11110 011	10111011001
1600 S FEDERAL HWY 1512 EAST BROWARD BLVI TENTH FL FORT LAUDERDALE FL 3330						DO NOT WRITE	N TURC (	SDAGE.		
POMPANO BEACH FL 33062						DO NOT WRITE	N IHIS	SPACE		7
US						3. Date Incorporated or Qualifed 04/22/1996	· · · · · · · · · · · · · · · · · · ·			
Principal Place of Business     2a, Mailing Address						4. FEI Number		L	Appli	ed For
21 26						5 <del>9 6</del> 548386				Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			4			5. Certificate of Status Desired	]	· ·		ditional
22 27									Requ	
City & State City & State						6. Election Campaign Financing	]		00 м	- 1
23						Trust Fund Contribution			ed to	rees
Zip				У		8. This corporation owes the current	year Inta	ingible Yes	r	]No
24	25	29 3	o i			Personal Property Tax.  10. Name and Address of New Reg	istarad A			
	9. Name and Address of Current	Registered Agent	8-	1	Name	10. Raine and Address of New Keg	Stered /	-gont		
MCCE	RORY, J. WALTER		Ľ	_		·				
1512 E BROWARD BLVD				2	Street Addre	ss (P.O. Box Number is Not Acceptable	)			
STE 200			8:	3						
FT. LAUDERDALE FL 33301				1	-			loci ·	Zip Co	do
			84	4	City		FL	85	Zip Cu	ue
agent. I am SIGNATURE	n familiar with, and accept the obligation of registered agent of FFICERS ANI	and title if applicable. (NOTE: R	la Statute	s.	signature required	s's board of directors. I hereby accept the when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE			
TITLE	P	☐ DELETE	1.1 TITLE					☐ Char	nge	Addition
	LESTRANGE, NILE R.		1.2 NAME	:						
	4000 C FEDERAL LINEY TENTU EL			ETA	ADDRESS					}
	POMPANO BEACH FL 33062			ST-	ZIP					
TITLE		☐ DELETE	2.1 TITLE					☐ Chai	nge	☐ Addition
NAME			2.2 NAME	•						ł
STREET ADDRESS	ET ADDRESS		2.3 STRE	ETA	NDORESS					
CITY-ST-ZIP	ity-st-zip .		2.4 CITY-ST-ZIP		· ZIP					
TITLE	□ DELE		3.1 TITLE					Char	nge	☐ Addition
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STREET ADDRESS			3.3 STRE	ET A	ADDRESS	•				Ì
CITY-ST-ZIP			3.4. CITY	·ST-	-ZIP					
TITLE	□ DELETE							Cha	nge	☐ Addition ∤
NAME			4. 2 NAM	E						]
STREET ADDRESS	•				ADORESS					
C/TY-ST-Z/P			4.4 CITY-		ZIP					☐ Addising
TITLE		☐ DELETE	5.1 TITLE		Ì	•	,	☐ Cha	nge	Addition \
NAME			5.2 NAME							
STREET ADDRESS					ADDRESS					ĺ
CITY-ST-ZIP			5.4 CITY-		ZIP			□ ^b		☐ Addition
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	14ge	
NAME			6.2 NAME		ADDRESS					ĺ
070000 400000			= 0.3 3 HE							

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 bustee appointed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment of the corporation of the receiver or bustee.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

KREQUIRED SIGNING OFFICER OR DIRECTOR

Daytime Phone #