

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90196 048 ***150.00

DOCUMENT # P96000054708

1. Corporation Name
ACK INC.,

Principal Place of Business
4405 NW 75TH TERRACE
CORAL SPRINGS FL 33065

Mailing Address
4405 NW 75TH TERRACE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

65-0686532

Applied For
No Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11621 SW 10TH CT.

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines, FL

Zip Country

24 33025 25 USA

2a. Mailing Address

26 11621 SW 10TH CT.

Suite, Apt. #, etc.

27

City & State

28 Pembroke Pines, FL

Zip Country

29 33025 30 USA

9. Name and Address of Current Registered Agent

SMITH, PRINCE C
755 NW 184TH DR
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MILLER, ASTON
STREET ADDRESS 4405 NW 75TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T ☐ DELETE

NAME LYEW, CHERYL
STREET ADDRESS 4405 NW 75TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Aston Miller

1.3 STREET ADDRESS 11621 SW 10TH CT.

1.4 CITY-ST-ZIP Pembroke Pines FL 33025

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME CHERYL LYEW

2.3 STREET ADDRESS 11621 SW 10TH CT.

2.4 CITY-ST-ZIP Pembroke Pines FL 33025

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

305-335-1055

CR2E034 (11/98)

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