FILED

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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 # P9600074252

1. Corporation Name

THE JOHANNSEN GROUP, INC.

					. 201 1010 1020 1010 1020 1020 1020 1020 1020 1020 1020 1020 1020 1020 1020 1020			
ncipal Place of Business Mailing Address			1 (SECTION IN CASE AND ADDITION AND ADDITION OF	4H 1144 HARI 4HILL HOLIGAN				
4906 SW 33RD TERRACE			DO NOT WRITE IN THIS SPACE					
	_			3. Date Incorporated or Qualifed 09/03/1996				
2. Principal Place of Business	2a. Mailing Address			4, FEI Number	Applied For			
21	26			65-0692746	Not Applicable			
Suite, Apt: #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing - Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip Country 29 30		This corporation owes the current year Inta Personal Property Tax.	ingible □ Yes ☑ No				
9. Name and Address of Current		10. Name and Address of New Registered Agent						
a. Maine and Address of Content registered Agent			Name					
KIRSCH, BRUCE J 3800 S OCEAN DR		82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
SUITE 218								
HOLLYWOOD FL 33019								
		84	City	FL	85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statutes, the a f Florida. Such change was authorize	above d by	e-named corpo the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its registered itment 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		ADDITIONS/CHANGES TO OFFICERS AN						
TITLE	DPST DELETE	1.1 TITLE	SAME	Change	☐ Addition				
NAME	JOHANNSEN, RUSSELL G	1.2 NAME	SAME	_	ļ				
STREET ADDRESS	3220 SW 47 AVE-	1.3 STREET ADDRESS	4906 SW 33RD TERRA FORT LANDERDME, FO	୯ଝ୍ର	1				
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	FORT LANDERDME, FO	<u> </u>	12				
TITLE	☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition				
NAME		2.2 NAME							
STREET ADDRESS		2.3 STREET ADDRESS			İ				
CITY-ST-ZIP		2.4 CITY-ST-ZIP							
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition				
NAME	r i v vilage e e e e e e e e e e e e e e e e e e	3.2 NAME			/				
STREET ADDRESS		3.3 STREET ADDRESS	•		ì				
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4,1 TITLE		Change	☐ Addition				
NAME		4.2 NAME	·		}				
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition }				
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS			\				
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY, ST. 7IP		6.4 CITY-ST-ZIP			J				

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: