Mar 06, 1999 8:00 am Secretary of State

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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 # P96000085339

Principal Place of Business Mailing Address 3850 WASHINGTON ST 3850 WASHINGTON ST 3850 WASHINGTON ST 3707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #707 #
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Suite, Apt. #, etc. Suite, Apt. #, etc.
27 City & State City & State City & State Zip Country Zip Country Zip Country 38. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent GRAHAM, LEWIS C 3850 WASHINGTON ST #707 HOLLYWOOD FL 33021 81 Name GRAHAM, Lewis C 3850 WASHINGTON ST Signature, typed or printed name of registered agent and title if applicable. City & State 6. Election Campaign Financing Thus Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation was the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. 8. This corporation was the current
City & State Country Country Zip Country Zip Country Registered Agent Summe and Address of Current Registered Agent Personal Property Tax. Personal Property Tax. Personal Property Tax. Personal Property Tax. Street Address of New Registered Agent City Street Address (P.O. Box Number is Not Acceptable) The present of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12
Zip Country Zip Country 3 Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No Perso
Zip Country Zip Country 2ip Country 2ip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRAHAM, LEWIS C 3850 WASHINGTON ST #707 HOLLYWOOD FL 33021 84 City FL 85 Zip Code 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 1N 12
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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 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 reinstatung) DATE 12. OFFICERS AND DIRECTORS 113. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
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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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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Change

Change

Addition

☐ Addition