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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000088937

1. Corporation Name

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90123 049 \*\*\*150.00

| EASY C   | ORP. OF NORTH MIRIVII BE   | АСП  |  |  |  |                                    |                             |   |
|--|--|--|--|--|--|------------------------------------|-----------------------------|---|
| Principal Place  | o of Business  | Mailing Address  |  |  |  | JI 186 BOLIU OLIII DOLII USIIA OSI | (1)                         | 18188   11)  1 1681 1681  |
| •  |  |  |  |  |  |                                    |                             |   |
| 2065 NE 151ST ST. NORTH MIAMI BEACH FL 33162  MIAMI BEACH FL 33162  MIAMI BEACH FL 33162   |  |  |  |  |  |                                    |                             |   |
| MINNI DENOTITE SSTOZ   |  |  |  |  | }  | DO NOT WRITE IN THIS SPACE         |                             |   |
|  |  |  |  |  | 3. Date incorpo                            | orated or Qualifed                 |                             |   |
|  |  |  |  |  | 10/28/19                                   | 96                                 |                             |   |
| 2. Principal P   | lace of Business   | 2a. Mailing Address  |  |  | 4. FEI Number                              |                                    |                             | Applied For   |
| 21   |  | 26   |  |  | 65-07401                                   | 103                                |                             | Not Applicable  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |  |  |  |                                    | \$8.                        | 75 Additional   |
| 22   |  | 27   |  |  | 5. Certificate of                          | f Status Desired                   | , Fe                        | e Required  |
| City & Stat  | e  | City & State   |  |  | 6. Election Car                            | mpaign Financing                   | \$5.                        | .00 May Be  |
| 23   |  | 28   |  |  | Trust Fund t                               | Contribution                       |                             | ded to Fees   |
| Zip  | Country  | Zip  | Country  | y  | 8. This corpora                            | ation owes the current y           | ear Intangible              |   |
| 24   | 25   | 29 3   | 0  |  | Personal Pr                                | operty Tax.~.                      | ☐ Yes                       | (XNo)   |
|  | 9. Name and Address of Currer  | <del></del>  |  |  | 10. Name and                               | Address of New Regis               | tered Agent                 |   |
|  |  |  | 81   | Nam  | ne   | -                                  |                             |   |
|  | SENTHAL, KERRY E   |  | 82   | 1 04   | et Address (P.O. Box Num                   | wher is Not Assentable)            |                             |   |
| 2875   | 5 NE 191ST ST, SUITE 500   |  | 02   | Sue  | et Audress (P.O. Box Nuit                  | ilber is Not Acceptable)           |                             |   |
| AVE  | NTURA FL 33180   |  | 83   | 3  |  | - <del></del>                      |                             |   |
|  |  |  |  |  |  |                                    |                             |   |
|  |  |  | 84   | City   |  |                                    | FL  85                      | Zip Code  |
| office or r  | egistered agent, or both, in the State   | of Florida. Such change was aut  | horized by   | the co   | rporation's board of direct                | ors. I hereby accept the           | appointment a               | as registered   |
| office or r<br>agent. I a<br>SIGNATURE   | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations to the state of control page of registered age.  | itions of, Section 607.0505, Florid  | ia Statutes  | S.   | rporation's board of direct                |                                    | appointment a               | as registered   |
| agent. I a<br>SIGNATURE  | im familiar with, and accept the obligation of t | nt and title if applicable. (NOTE: R   | ia Statutes  | S.   | re required when reinstating)              | , D.                               | ATE                         |   |
| agent. I a SIGNATURE 12.   | im familiar with, and accept the obligation of t | itions of, Section 607.0505, Florid  | egistered Age  | S.   | re required when reinstating)              |                                    | ATE                         | CTORS IN 12   |
| agent. I a SIGNATURE  12. TITLE  | im familiar with, and accept the obligation of registered age OFFICERS AN  | nt and title if applicable.  (NOTE: R  | a Statutes legistered Age  | S.   | re required when reinstating)              | , D.                               | ATE<br>RS AND DIRE          | CTORS IN 12   |
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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, 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 truster 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 of an attachment with an address, with all other like empowered.

SIGNATURE

305949 2277