## 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 # P9600093288

1. Corporation Name

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90034 042 \*\*\*150.00

Principal Place of Business	Mailing Address			ו תווכב וווסס וווסס ווווס פוושו פגן וססוומטו ו	<b>2122  </b> 111 <b>0</b>  1120	1 1919: 1811 1891
105-1/2 S.E. 12TH AVENUE	P.O. BOX 7561			ļ		
FT LAUDERDALE FL 33301 FT. LAUDERDALE FL 33338		3			00105	
				DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	
				11/12/1996		
2. Principal Place of Business	2a. Mailing Address			11/12/1990 4. FEI Number	Δ	oplied For
21 620 N.E. 17 TERR.	26 P.O. BOX	25/1		65-0721461	<b>⊢-</b>	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7301			<del></del>	Additional
22	27			5. Certifcate of Status Desired		equired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23 FT. LAUDERDALE, FL	28 FT. LAUDE	RDALE	PL	Trust Fund Contribution		to Fees
Zip Country	Zip	Country	_	8. This corporation owes the current year Inte	ingible	
24 33304 25 USA _	29 33338_	30 (	15A	Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
DOOME WELLES		81	Name E	BROWN, WILLIAM F.		
BROWN, WILLIAM F		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
-105 1/2 S.E. 12TH AVENUE			_66	30 N.E. ITH TERRACE		
FT LAUDERDALE FL 33301		83	_			ļ
		84	City _		85 Zip	Code
· · · · · · · · · · · · · · · · · · ·			FT	FLAUDERDALE FL	1 133	3 <i>304</i>
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named c	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoir	changing its itment as re	registered egistered
agent. I am familiar with, and accept the obligation	ons of Section 607.0505. Flo	rida Statute	ale corpor	A second popular an emotion of the property coops are appear	1	3.010.
agent, i am lamillar with, and accept the obligation	····· ··· , · · · · · · · · · · ·		<b>3</b> .	.1/-	10.0	
SIGNATURE UL. 73				4/28	199	
SIGNATURE Signature, types or printed name of registered agent.	and title if applicable. (NOTE	: Registered Age		quired when reinstating)  DATE  OPERATOR AND TO SEE THE PROPERTY AND THE P	/9 <i>9</i>	DC IN 12
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE)	: Registered Age	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AN		
SIGNATURE Signature, typed or printed name of registered agent.  12. OFFICERS AND TITLE P	and title if applicable. (NOTE	: Registered Age	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AN	99 D DIRECTO Change	DRS IN 12
SIGNATURE  Signature, types or printed name of registered agent  12. OFFICERS AND  TITLE  P  NAME  BROWN, WILLIAM F	and title if applicable. (NOTE)	13. 1.1 TITLE 1.2 NAME	nt signature rec	ADDITIONS/CHANGES TO OFFICERS AN		
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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 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: