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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600093696

1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90055 025 ***150.00

AIKMAN	ENTERPRISES, INC.									
Principal Place	e of Business	Mailing Address					OUIS BUIL BULL	1 5105 1610		
· ·	KENDALL DRIVE	10691 NORTH KENDALL DRI	VE							
SUITE 210 SUITE 210										
MIAMI FL 33176 MIAMI FL 33176						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualife	đ			1
						11/14/1996 4. FEI Number	_	11	A	-45
	lace of Business	2a. Mailing Address						\vdash		ed For Applicable
21		26 Suite, Apt. #, etc.	-		-	65-0710490		 \$8:7	_	
Suite, Apt.	#, etc	27 Suite, Apr. #, 610.		•	- •	5. Certificate of Status Desired			Requ	
City & State		City & State				6. Election Campaign Financing		\$5.0	<u>о</u> м	ay Be
23	•	28				Trust Fund Contribution	' _□		ed to I	
Zip	Country	Zip	Counti	у		8. This corporation owes the cu	rrent year In	tangible		
24	25	29	30			Personal Property Tax.	•	Yes Yes]No
	9. Name and Address of Current					10. Name and Address of New	Registered	Agent		
			8	1 Nam	9					
	EINMAN, DAVID M		8	2 Stree	t Addres	ss (P.O. Box Number is Not Accep	ntable)			——-
	11 NORTH KENDALL DRIVE		ا ا	- 0		SS (F.O. BOX Hamber to Hotel Good				
	E 210		8	3						
MAIM	AI FL 33176			4 0:4				85 2	ip Co	de
			8				FL	_		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute	s, the abo	ve-name	d corpor	ration submits this statement for th	e purpose of ept the appo	f changing intment as	its re regis	gistered tered
office or r			********	y una com	poradon	is board or directors, i morely dee-				
office or r agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statute	s.	poradon	13 board of directors. The easy asset				
office or r agent. I a SIGNATURE	m familiar with, and accept the obligat	lions of, Section 607.0505, Fiori	da Statute	·S.						
agent. I a SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE:	Qa Statute Registered Ag	·S.		when reinstating)	DATE			`
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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.