Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90046 028 ***150.00

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 # P96000096645

1. Corporation Name

Principal Place of Business 1505 SOUTH TAMIAM TRAIL. SUITE 401-A VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-07/99774 Not Applicable 750 Suite, Apt. #, etc. 750 City & State 750 Country 750 Suite, Apt. #, etc. 750 Country 750 May Be 750 Added to Fees 750 May Be 750
VENICE FL 34292 3. Date Incorporated or Qualifed 11/27/1996 1./27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0709774 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required. City & State City & State City & State City & State 23 Zip Country Zip Country Zip 24 25 29 30 Nome and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City Country Country Country Size Co
VENICE FL 34292 VENICE FL 34292 VENICE FL 34292 2a. Mailing Address 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Status Desired 2c. Principal Place of Business 2c. Princ
3. Date Incorportated or Qualified 11/27/1996 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorportated or Qualified 11/27/1996 4. FEI Number 65-0709774 5. Not Applicable 5. Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution Fee Required 7. Suite, Apt. #, etc. 7. City & State 7. City & State 7. City & State 7. Country 8. This corporation owes the current year Intangible Personal Property Tax. 7. Additional Fee Required To Name and Address of New Registered Added to Fees This corporation owes the current year Intangible Personal Property Tax. 7. And Fell Name 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
2. Principal Place of Business 2. Applied For 2. Principal Place of Business 2. Applied For 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 65-0709774 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Fee Required Fee Required 7. City & State 7. Country 8. This corporation owes the current year Intangible Personal Property Tax. 7. Pyrsum and Address of Current Registered Agent 7. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ALMERIA AVENUE CORAL GABLES FL 33134 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, 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.
21 26 65-0709774 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Added to Fees Zip Country Suite, Apt. #, etc. Country Country Suite, Apt. #, etc. City & State City & State City & State City & State Country Suite, Apt. #, etc. City & State City & State City & State Country Suite, Apt. #, etc. Sui
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired
27 State City & State Country Zip Country Zip Country Registered Agent Country Country Country Country Country Country Registered Agent Registered Agent Registered Agent Registered Agent City Registered Agent City Registered Agent Registered Agent
City & State Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 office or 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
Zip Country Zip Country 28 Zip Country Solution 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 81 Rame 82 Street Address (P.O. Box Number is Not Acceptable) 83 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, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.
Zip Country Zip Country 2
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 10. Name and Address of New Registered Agent 86 City FL 87 Tip Code 18 Tip Code 19 Tip Code 10 Tip Code 10 Tip Code 10 Tip 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 office or 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.
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 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, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 office or 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.
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 office or 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.
CORAL GABLES FL 33134 83 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 office or 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.
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 office or 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.
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 office or 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.
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 office or 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.
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment of 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 reinstaling)
Change Addition
, mile 1010
NAME HOFFMAN, PAUL S 1.2 NAME
STREET ADDRESS 1505 SOUTH TAMIAMI TRAIL, SUITE 401-A 1.3 STREET ADDRESS
CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
Channe Addition
TITLE □ CHANGE □ MASTITLE □ CHANGE □ MASTITLE
NAME 4.2 NAME

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.

I.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRÈSS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

941-4936110

Change

☐ Change

☐ Addition

Addition