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 # P96000098270

 Corporation 	n Name	_ +				
Lauderhill unit one, inc.						
				I MARIKARI MARIKARI MARIKARIAN RAMIKARIAN RAMIKARAN RAMIKARAN	# 1 310 1 1 011 21 0 11 1 01 1	
Principal Place of Business Mailing Address) 16101 19116 USA 1891 1891 1891	
201 S.E. 6TH STREET 201 S.E. 6TH STREET						
SUITE 375 FORT LAUDERDALE FL 33301 * SUITE 375 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33		00004	DO NOT WRITE IN THIS	P PRACE .		
FORT LAUDER	DALE FL 33301	FORT LAUDERDALE FL	. 33301	3. Date Incorporated or Qualifed	STACE	
				12/02/1996		
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0714388	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & Star	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent	
	IOTONIO IIIII	Mark Commence	81 Name	,	•	
ARMSTRONG, WILLIAM J			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
1200 N. FEDERAL HIGHWAY				to entre the state of the state	4.20 A A A A A A A A A A A A A A A A A A A	
HOLLYWOOD FL 33020			83	1 (\$\frac{1}{2} \) (270) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	無為1. 告題問題	
			84 City	\$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	85 Zip Code	
			0.1,	Fi	_ 00 2.5 0000	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida St	atutes, the above-named co	rporation submits this statement for the purpose o	changing its registered	
agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	as autnonzed by the corpora Florida Statutes.	ation's board of directors. I hereby accept the appo	intment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ag	****	IOTE: Registered Agent signature requ			
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE		85 31 KW	. Change Addition	
NAME	ARMSTRONG, WILLIAMS J		1.2 NAME			
STREET ADDRESS	1200 N FEDERAL HIGHWAY		1.3 STREET ADDRESS	•		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition	
NAME	THORPE, ANTHONY A		2.2 NAME	,		
STREET ADDRESS	240 S.W. 65TH WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	PENBROKE FL 33023		2. 4 CITY-ST-ZIP	CONTRACTOR OF SUCCESSION OF SU		
TITLE .	: *· :	· DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	the second of the second of the second of	** * * * * * * * * * * * * * * * * * *	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS		•	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			
NAME			I i	· a s	☐ Change ☐ Addition	
		C) OCCUPA	5.2 NAME	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ Change ☐ Addition	
STREET ADDRESS		C OCCUP	5.2 NAME 5.3 STREET ADDRESS	e stantie en de la company de la company La company de la company d	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		Delete	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	e de especialista de la companya de La companya de la co	Change Addition	

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 suppliemental 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 of true the suppliemental should be supplied to the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of true that my name appears in Block 13 if changed, or on an attachment with an eddress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90070 037 ***158.75