## 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 # P9700005283

1. Corporation Name

BYAS, FRASER & CO., INC.

Principal Place of Business	Mailing Address	
2500 HOLLYWOOD BLVD #310	2500 HOLLYWOOD BLVD #310	
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020	
US	US	

## FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90045 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1997 Applied For, 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0724021 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 6. Election Campaign Financing City & State \$5:00 May Be ¹ City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MAHON, TIMOTHY K Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMRCIAL BLVD. PENTHOUSE E 83 FORT LAUDERDALE FL 33308 Zip Code 85 84 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE TITLE FRASER, GEORGE N 1.2 NAME NAME 1770 N.W. 107 AVENUE 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 1.4 CITY-ST-ZIP CITY-ST-ZIP TO DELETE Change ☐ Addition 2.1 TITLE TITLE BRANAM, DARRELL 2.2 NAME NAME 5572 SW 114TH AVE 2.3 STREET ADDRESS STREET ADDRESS COOPER CITY FL-33330 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition M DELETE 3.1 TITLE TITLE ELLIOTT, JOHN 3.2 NAME NAME WILLIAM BYAS HOUSE: 14-18 ST CLARE ST 3.3 STREET ADDRESS STREET ADDRESS LONDON EC3N JX 33026 3,4, CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE TITLE MIRZA, AIJAZ 4.2 NAME NAME WILLIAM BYAS HOUSE: 14-18 ST CLARE ST 4.3 STREET ADDRESS STREET ADDRESS **LONDON EC3N JX 33026** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 51 TITLE TITLE 5.2 NAME BARLOW, MICHAEL WILLIAM BYAS HOUSE: 14-18 ST CLARE ST 5.3 STREET ADDRESS STREET ADDRESS **LONDON EC3N JX 33026** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TELLE

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 of 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

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IGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

January 7.1999

954 929 3151.

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