

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000012079**

Corporation Name
FLEEMAN & CO., INC.

Principal Place of Business
**600 BRICKELL AVENUE
SUITE 605
MIAMI FL 33131**

Mailing Address
**1110 BRICKELL AVENUE
SUITE 605
MIAMI FL 33131**

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90009 011 ***550.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
600 BRICKELL AVENUE SUITE 605 MIAMI FL 33131		1110 BRICKELL AVENUE SUITE 605 MIAMI FL 33131		02/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0729781	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEEMAN, JOHN B
1110 BRICKELL AVENUE
SUITE 605
MIAMI FL 33131**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	<input type="checkbox"/> DELETE	1.2 NAME	
12.3	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
12.4	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
12.5	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	<input type="checkbox"/> DELETE	2.2 NAME	
12.7	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
12.8	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
12.9	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	<input type="checkbox"/> DELETE	3.2 NAME	
12.11	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12.12	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
12.13	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14	<input type="checkbox"/> DELETE	4.2 NAME	
12.15	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
12.16	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
12.17	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18	<input type="checkbox"/> DELETE	5.2 NAME	
12.19	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
12.20	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
12.21	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22	<input type="checkbox"/> DELETE	6.2 NAME	
12.23	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
12.24	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

Date

305-374-2121

Daytime Phone #

CR2E034 (5/99)