Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90010 040 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000013994

1. Corporation Name

FLORIDA NEW CODE HURRICAN SHITTERS, INC.

LONIDA	NEW CODE HOURINGAIN OF	OTILIO, INO.			
Principal Place	of Business	Mailing Address		1 (80)(11) tid iditi taon anti asin asin saidi naba mili	9 18:18 18111 gigt iggt
13730 STATE ROAD 84		13730 STATE ROAD 84			
SUITE F		SUITE F			
DAVIE FL 33325-5304		DAVIE FL 33325-5304		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				02/10/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21				65-0725542	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		LE Continue of Status Desired	75 Additional
22		27		5. Certificate of Status Desired Fe	ee Required
City & State		- 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 Intangible	
24	25	29	30	Personal Property Tax.	
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
13730 STATE ROAD 84				f Leibowitz ddress (P.O. Box Number is Not Acceptable) 30 State Road &4, Suite F	
SUITE F					
DAVIE FL 33325-5304			1	lo-1	Zin Codo
ļ			84 City	FL  85	Zip Code 33325
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate				emoration submits this statement for the purpose of changing	ng its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, title above-flained corporation solving this statement in the purpose of changing in 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	Left Testanof	1075	Registered Agent signature re-		
40	Signature, the proceed name of registering agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12
12.	VP OFFICERS AND	DELETE		P Den	
TITLE	• •		1.1 1.1 2.2	JEFF LEIBOWITZ	
NAME	JEFF LEIBOWITZ		1.2 NAME	13730 State Road 84, Ste. F	
STREET ADDRESS	13730 STATE RD 84 #F		• i		ĺ
CITY-ST-ZIP	DAVIE FL 33325			Davie FL 33325	ange Addition
TITLE	\$	☐ DELETE	2.1 TITLE		ange 🗀 Addition
NAME	Brian Leibowitz		2.2 NAME		
STREET ADDRESS	13730 STATE RD 84 #F		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		2.4 CITY-ST-ZIP	·	
TITLE	· · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE	Ch.	ange [Addition]
NAME			3.2 NAME	•	
STREET ADDRESS	·		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		ange Addition
		_	4. 2 NAME		ļ
NAME			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP	٠.	☐ DELETE	5.1 TITLE		nange Addition
TITLE		רין טבנבוב	5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	ı			·	
CITY-ST-ZIP		Пан ат-	5.4 CITY-ST-ZIP	. □Ch	ange Addition
TITLE		□ DELETE	6.1 TITLE	. <u></u> ⊔cn	ange   Muulion

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 attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP