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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015534

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90156 010 ***150.00

J. GANLEY & ASSOCIATES, INC.										
Dringing Diggs	of Pusiness	•	Moili	ing Addross				<u> </u>		
Principal Place of Business Mailing Address 14373 SW 100 LANE 14373 SW 100 LANE MIAMI FL 33186 MIAMI FL 33186								W2 47 47 5		
								DO NOT WRITE IN TI	IIS SPACE	
								3. Date Incorporated or Qualifed		
- D	lana of Dunian		- 1- 1	Joiling Address				02/18/1997 4. FEI Number		pplied For
2. Principal Place of Business				2a. Mailing Address				65-0729437		ot Applicable
Suite, Apt.	# etc			Suite, Apt. #, etc.						Additional
22				27				5. Certifcate of Status Desired	¥	equired
City & State	ee			City & State				6. Election Campaign Financing	\$5.00	May Be
23			28					Trust Fund Contribution	•	to Fees
Zip		Country	Z	<u>Zip</u>	Cou	ıntry		8. This corporation owes the current year	Intangible	
24	Ź	5	29		30			Personal Property Tax.	Yes	□No
	9. Name a	and Address of	Current Registe	red Agent				10. Name and Address of New Register	ed Agent	
	LEV LOCED	ur				81	Name			
GANLEY, JOSEPH F					82 Street Address (P.O. Box Number is Not Acceptable)				•	
14373 SW 100 LANE MIAMI FL 33186										
i wiran	11 FL 33 100					83				
						84 City		F	•L `` `	Code
11. Pursuant	to the provision	ons of Sections 6	07.0502 and 607	7.1508, Florida State	utes, the a	bove	-named cor	poration submits this statement for the purpose	of changing it	s registered
office or na agent. I a	egistered age m familiar with	nt, or both, in the n, and accept the	State of Florida obligations of, S	. Such change was Section 607.0505, F	authorize Iorida Stat	a by i tutes.	the corporat	ion's board of directors. I hereby accept the ap	pomment as r	egistered
SIGNATURE	Signature, typed o	r printed name of regis	tered agent and title if a	pplicable. (NO	TE: Registere	d Agent	t signature requir	red when reinstating) DATE		
12.			RS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D									
NAME	CANLEY			☐ DELETE	1.1 T				Change	☐ Addition
J	COMPLET, O	IOSEPH F		☐ DELETE	1.1 T				☐ Change	
STREET ADDRESS	14373 SW			☐ DELETE	1.1 T 1.2 N	ITLE AME	ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP		100 LANE			1.1 T 1.2 N 1.3 S	ITLE AME	!	·		☐ Addition
	14373 SW	100 LANE		☐ DELETE	1.1 T 1.2 N 1.3 S	ITLE AME TREET	!		☐ Change	
CITY-ST-ZIP	14373 SW	100 LANE			1.1 T 1.2 N 1.3 S 1.4 C	ITLE AME TREET ITY-ST ITLE	!			☐ Addition
CITY-ST-ZIP	14373 SW	100 LANE			1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE AME TREET ITY-ST ITLE AME	!			☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	14373 SW	100 LANE		☐ DELETE	1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TREET TREET TREET TREET CITY-S' TREET CITY-S' TREE	T-ZIP ADDRESS T-ZIP		Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	14373 SW	100 LANE	•	☐ DELETE	1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S	THE TREET THE TREET TREE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	14373 SW	100 LANE		☐ DELETE	1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.44 3.1T 3.2N 3.3S 3.4, C 4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S 5.4C	TILE TREET TITY-ST TILE AME TREET CITY-S' TILE AME TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	Addition Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	14373 SW	100 LANE		DELETE	1.1T 12N 13S 14C 2.1T 22N 23S 2.4(3.1T 32N 33S 34.(4.1T 4.21 4.3S 4.4C 5.1T 5.2N 5.3S 6.4C 6.1T	THE AME TREET TIY-ST THE AME TREET TREET TREET TREET TREET TRE TREET TRE TRE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

BECHAREAN F. GANLEY

305-385-7186