## 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

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90146 043 \*\*\*150.00

, corporation	MENT # <b>P9700(</b> SOCIATES, INC.	0022002			
Principal Place	e of Business	Mailing Address			III HAND IINH BAIN AANA ING ING
11900 BISCAYN	E BLVD.	11900 BISCAYNE BLVD.			
\$4KT\$ 20G \$1UTE 220X				DO NOT WIDEF IN Th	HC CDACE
MIAMI FL 33181	1	MIAMI FL 33181		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed ,	IIS SPACE
				03/11/1997	
a Principal Pl	lace of Business	2a. Mailing Address	· · · · · · ·	4. FEI Number	Applied For
21	ace of business	26		65-0743440	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
Sui	te 503	27 Suite 503		5. Certifcate of Status Desired	Fee Required
City & State	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	
24	25		30	Personal Property Tax.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Register	30 Agent
	TH, LINDA M ESQ. 10 BISCAYNE BLVD.			dress (P.O. Box Number is Not Acceptable)	
SUITE 200			83		
MIAN	AI FL 33181		24 07		85 Zip Code
			84 City	F	Zip Code
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida. Such change was au gations of, Section 607.0505, Flori	thorized by the corpora da Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
	Signature, typed or printed name of registered a	AND DIRECTORS	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO STATISENS	Change Addition
NAME	KOCH, ROGER L	_	1.2 NAME		
STREET ADDRESS	2137 HIBISCUS CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33181		1.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	2.1 TITLE		Change Addition
NAME	SMITH, ESQ LINDA M		2.2 NAME		
STREET ADDRESS	ALOND DIOCALOUE BLUD OTE	200	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		'
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	a	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE			☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	I		6.3 STREET ADDRESS		

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: 4

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger L. Koch President

(305)893-5997