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 # P97000022861

5006 BUILDING, INC.

Principal Place of Business

Mailing Address

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90122 003 ***150.00



2840 S.W. TH MIAMI FL :33	W. THIRD AVENUE 2840 S.W. THIRD AVENUE EL :3312-9 MIAMI FL :3312-9			4	· ·	DO NOT W					
					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed						
						J.	03/07/1997	d or Qualife	u		
2. Principal Place of Business 2a. Mailing Address						- 4	FEI Number			1 -7	
21		26					65-0743203				Applied For
Suite, Apt	. #, etc.	Suite, Apt, #, etc.			*	-	00 0140200				Not Applicable
27						5.	Certifcate of Sta	tus Desired			5 Additional Required
City & State City & State						6.	Election Campai	gn Financing		\$5.0	0 May Be
23					_	Trust Fund Cont				d to Fees	
Zip Country Zip Coun				ry		8.	This corporation	owes the cu	rrent year Inta	ngible	7.
24	25	[29]	30			Ĺ	Personal Propert	y Tax.		X Yes	□No
	9. Name and Address of Curren	t Registered Agent		41		10.	Name and Add	ess of New	Registered A	gent	
SCO	OTT, CHARLES R		8	1	Name						
	0 S.W. THIRD AVENUE		8	2	Street Add	dress (P.	O. Box Number i	s Not Accept	lable)	-	
	MI FL 33129		<u> </u>			`			······································		
			8:	3					-		
			84	4	City					0E 7:	Code
44 Disease	to the provisions of Sections 607.0502 registered agent, or both, in the State of				•				FL	1 1 .	o Code
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registered agent	ions of, Section 607.0505, Flor	uthorized by ida Statute	S.	ie corporati	uon s doi	end of directors. I	hereby acce	pt the appoint	ment as	registered
12.	OFFICERS ANI		13.	2711, 34	-gristate require			ICEC TO OF	DATE	-	
TITLE	D	☐ DELETE	1.1 TITLE				ADDITIONS/CHAN	IGES TO OF		☐ Change	
NAME	SCOTT, CHARLES R		1.2 NAME		}					Charige	Addition
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NAME			5.2 NAME	,					L] Change	☐ Addition]
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VAME			6.2 NAME						Ł] Change	☐ Addition
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CITY-ST-ZIP			6.4 CITY-ST	- 7IP							,

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.

SIGNATURE

2/2/99

305 285-9471