## 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 #

Principal Place of Business 3457

2003939 1. Corporation Name INSTANT

OF FLORIDA

Mailing Address aī ú.s. 441

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90043 027 \*\*\*150.00

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition

HOLLYWOOD FL	33023	HOLLYWOOD FL 33023		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/17/1997		
2. Principal Pla	ce of Business	2a. Mailing Address	3		4. FEI Number	Applied F	or
7 2 U F	51	28 3V51			65 0750513	Not Applic	cable
Suite, Apt. #,	etc	Suite, Apt. #, et	C.		5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
3	المستواد والمساد	28		ء است	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation owes the current ye		
41 T	25	29	30		Personal Property Tax.	☐ Yes ☐ No	
<u></u>	9. Name and Address of Curre		[34]	<del></del>	10. Name and Address of New Regist		
	1100110 0110 11001100 01 00111	The residence of the second		81 Name			
SHALE	E, JOHN P						
3541 SW 60TH AVE				82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
HOLLY	WOOD FL 33023			83			
				0.5			
				84 City		85 Zip Code	
	<u> </u>	····		<u> </u>		FL 3 25 cm	
11. Pursuant to office or rea	the provisions of Sections 607.05 tistered agent, or both, in the State	02 and 607.1508, Florida e of Florida, Such change	Statutes, the was authorize	above-named corp of by the comorabi	poration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its register appointment as registered	red d
agent. I am	familiar with, and accept the oblig	ations of Section 607.050	5, Florida Sta	tutes.	on a source of substances. A floriday descapt in a	appointment ou registered	•
SIGNATURE		Į.,					
	gnature, typed or printed name of registered ag			d Agent signature require			
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER		
	D	☐ DELE	TE 1.1	TILE (	The many of	K Change ☐ A	<b>Idditio</b>
	SHALE, JOHN P		121	IAME S	HALE JOHN P 1451 SW GO AUE		
	3541 SW 60TH AVE 34	51	133	TREET ADDRESS 3	1451 SW 60 AVE		
ITY-ST-ZIP	HOLLYWOOD FL 33023		140		OILYWOOD FL 33023		
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IME			2.21	IAME			
TREET ADDRESS			239	TREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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IAME				AME		⊢ evende Clw	
STREET ADORESS							
				TREET ADDRESS			
CITY-ST-ZTP			■ 34 (	CITY-ST-ZIP			

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.

4.1 TITLE

4.2 NAME

5.1 TITLE

S 2 NAME

5.1 TITLE

62 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

John P. Shale, Bre

☐ DELETE

DELETE

☐ DELETE