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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90267 021 ***150.00

DOCUMENT # **P97000050345** 1. Corporation Name

24

SOUTH FLORIDA SURVEYORS, INC.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

	Mailing Address			
Principal Place of Business	•			
4601 SHERIDAN ST	AGO1-SHERIDAN ST			
210	210			
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021			
	_			
Principal Place of Business The state of Business The state of Business	2a. Mailing Address 26 SID E. ONKLAND M			
Suite, Apt. #, etc.	Suite, Apt. #_etc.			
22	27 400			
City & State	City & State			
	TO FOR I RUNFONSIF Y			

DO NOT WRITE IN THIS SPACE

	- ****					
				 Date Incorporated or Qualifed 06/06/1997 		•
2. Principal Pl	ace of Business	2a. Mailing Address	1	4. FEI Number	App	lied For
1		25/X10 E (M)	KLAND PARK L	2 65-0760147 ~	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #_etc.		<u> </u>	\$8.75 AC	dditional
3	.,	27 # 100		5. Certifcate of Status Desired	Fee Req	uired
City & State	9	City & State	Frence	6. Election Campaign Financing	\$5.00 N	vlav Be
3		28 FT LAUDER	DAIE H_	Trust Fund Contribution	Added to	Fees
Zip	Country	Zio	Country	8. This corporation owes the current	year Intangible	
a	25	29 33306 30	i USA	Personal Property Tax.	Yes	⊠No
٠,	9. Name and Address of Current	<u> </u>		10. Name and Address of New Regi	stered Agent	
		<u> </u>	81 Name			
GLYI	NN, RAYMOND E		20	And Continue to Mark Annual Mark	<u> </u>	4
280-	Tradewinds ave. s .		82 State A	ress (P.O. Box Number is Net Acceptable)	K KIMA	700
LAU	DERDALE BY THE SEA FL 33308		83	- On Control		
			**			
	_		84 Ci	100000000	EI 85 29.0	امرفو
	$ \Delta$ $ -$		1///	LAUDERDALE	FL 22	OUD registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes Florida, Sucb⊾change was auth	, the above-named corp norized by the corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	e appointment as reg	istered
agent. I a	m faminar with and accept the obligation	ons of Section 607.0505, Florid	a Statutes-	on's board of directors. I hereby accept the	icho	
SIGNATURE	14	KAVMOND		YNN SII	<u> </u>	
	Signature, blood or printed name of registered agent		egistered Agent signature require	·	DATE	20 IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD	☐ DELETÉ	1.1 TITLE		☐ Criange	
NAME	REVIER, LARRY L		12 NAME			
STREET ADDRESS	2810 E. OAKLAND PARK BLVD.	#200	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		1.4 CITY-ST-ZIP			
TITLE	DSTV	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	GLYNN, RAYMOND E		2.2 NAME	-	Day All	1/1 # 2
STREET ADDRESS	-280 TRADEWINDS AVE. S.		2.3 STREET ADDRESS	810 E CAKLANO 1	WIER DLV	W . SO
CITY-ST-ZIP	LA UDERDALE BY THE SEA FL (93308	2. 4 CITY-ST-ZIP	910 E. OAKLAND 1 T. LAUOERDALE	FL 33	:306
TITLE .	DV	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	JACKSON, JAMES C		3.2 NAME			
STREET ADDRESS	4601 SHERIDAN ST., #210		3.3 STREET ADDRESS			
	HOLLYWOOD FL 33021		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	4.1 TITLE		Change	Addition
			4, 2 NAME		•	
NAME			4.3 STREET ADDRESS			
STREET ADDRESS					•	
CITY-ST-ZIP		☐ DELETE	4.4 CiTY-ST-ZiP		Change	Addition
TITLE			5.1 TITLE		C cuargo	
NAME			5.2 NAME			•
STREET ADDRESS			53 STREET ADDRESS		•	
CITY-ST-ZIP			54 CITY-ST-ZIP			F71 4 3 200
TITLE		☐ DELETE	6.1 TITLE		Change	Addition

4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I hereby certify that the information su indicated on this annual report or supplied. lemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address with all other like empowered. officer or director of the corporation and the series of the corporation of the corporati

6.4 CITY-ST-ZIP

SIGNATURE: