## 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 # **P97000051470**1. Corporation Name

2486, INC-

## **FILED** Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90065 003 \*\*\*150.00



Į				
Principal Pla	ce of Business	Mailing Address	<del></del>	
1 S. E. 3RD AVENUE 1 S. E. 3RD AVENUE				
SUITE 2240 SUITE 2240				
MIAMI FL 33131   MIAMI FL 33131			DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed
2 Principal (	Place of Business	2a. Mailing Address		06/09/1997 4. FEI Number Applied For
· '	- lace of business	26. Walling Address		4. FEI Number Applied For S9-3490507 Not Applicable
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.			\$8.75 Additional	
22 27			5. Certificate of Status Desired Fee Required	
City & State 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 Intangible
24	25		30	Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current		-	10. Name and Address of New Registered Agent
BI C	OOM, CHARLES E		81 Nan	me
S.E. 3RD AVENUE			82 Stre	eet Address (P.O. Box Number is Not Acceptable)
	TE 2240		83	
	MI FL 33131		63	
			84 City	y 85 Zip Code
44 Duesuoni	to the provisions of Sections 607.0503	2 and 607 1509 Florida Statuto	e the above nam	ned corporation submits this statement for the purpose of changing its registered
`` office or	registered agent, or both, in the State of	of Florida. Such change was au	thorized by the co	corporation's board of directors. I hereby accept the appointment as registered
* A. agent. I : 	am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ture required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	BLOOM, CHARLES E		1.2 NAME	
STREET ADDRESS	1 S. E. 3RD AVENUE, SUITE 22	240	1.3 STREET ADDRE	ESS
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	
गाLE	VPD	□ DELETE	2.1 TITLE	☐ Change ☐ Addition ☐
NAME	BLOOM, DEBORAH K		2.2 NAME	
STREET ADDRESS		<b>!40</b>	2.3 STREET ADDRE	ESS
CITY-ST-ZIP	MIAMI FL 33131	The street	2.4 CITY-ST-ZIP	
TITLE Only		☐ DELETE	3.1 TITLE	Change Addition
NAME'			3.2 NAME	
STREET ADDRESS	the state of the s		3.3 STREET ADDRE	ESS
CITY-ST-ZIP.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME .			4.2 NAME	
STREET ADDRESS			4.3 STREET ADORE	FSS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS	,		5.3 STREET ADDRES	ESS
CITY-ST-ZIP	<u> -                                     </u>		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAMÉ .			6.2 NAME	
STREET ADDRESS		•	6.3 STREET ADDRES	ESS
OTTICE TO DETECT				

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.

SIGNATURE: