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 # P9700060500 1. Corporation Name SUBBEES, INC.									4 :550/554 114 454	-1999 9000			K 88111 8811 9881
Principal Plac	ce of Rusiness		Mai	ling Address									
Principal Place of Business 5113 COCONUT CREEK PARKWAY MARGATE FL 33063 US				Mailing Address 216 N.W. 45TH AVE PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE					
								3.	. Date Incorporated 07/11/1997	or Qualifed	:		
2. Principal Place of Business				2a. Mailing Address				4.	FEI Number			A	pplied For
21				26					65-0767248			. N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certifcate of Status	Desired		•	Additional equired
City & State				City & State				6.	Election Campaigr	Financing			May Be
Zip Country				28				_	Trust Fund Contrib				to Fees
24	25			Zip Country				8.	This corporation of		ent year In		
9. Name and Address of Current			i					10	Personal Property Name and Addres		Registered	☐ Yes	□No
						81	Name				- Contract Co	rigein	
MARTIN, YVONNE						82	Ctooot Adde	/5	O Day North i-	M-4 A	-1-1-1		
216 N.W. 45TH AVE						82 Street Address (P.O. Box Number is Not Acceptable)					able)		
PLANTATION FL 33317						83						¥1. (\$)	AND THE
						84	City		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_127 / 3 4/13	(934), 151 1 lbe 172	ARTHUR SERVICE
5 8 6 5	22						_				FL	_	Code
11. Pursuant office or ragent. La	to the provisions registered agent, am familiar with, a	of Sections 607.0 or both, in the Stand accept the obl	0502 and 603 ate of Florida igations of 5	7.1508, Florida Statu Such change was a Section 607.0505, Flo	tes, the al authorized orida Stati	bove by	e-named corpo the corporation	ration n's bo	n submits this stater pard of directors. I h	nent for the ereby accer	purpose of t the appo	changing its intment as re	s registered egistered
SIGNATURE	, , ,		igations of, c		maa otat		•						
Signature, typed or printed name of registered agent and title if applicable. (NOTE:						Agen	t signature required				DATE		
12.	i 6	OFFICERS	AND DIREC	D DIRECTORS		13.			ADDITIONS/CHANG	ES TO OF	FICERS A		
TITLE	D NADTINI VVONNE			☐ DELETE		1.1 TITLE			130 7.5			☐ Change	· 🛅 Addition
NAME	MARTIN, YVONNE 216 N.W. 45TH AVE					1.2 NAME						•	
STREET ADDRESS	PLANTATION						1.3 STREET ADDRESS			•		·	,
CITY-ST-ZIP TITLE	TOMINION	12 30017		☐ DELETE	2.1 TIT		-2112					☐ Change	Addition
NAME					2.2 NA							. Onlange	
STREET ADDRESS		_					ADDRESS .						
CITY-ST-ZIP			ra ray		2.4 CI		i						
TITLE				☐ DELETE	3.1 TIT							☐ Change	^ Addition
NAME					3.2 NA	ME							
STREET ADDRESS					3.3 STI	REET	ADDRESS						U 1543 mil
CITY-ST-ZIP					3.4. CF	TY-ST	r-ZIP						
TITLE				☐ DELETE	4.1 TIT	LE					Marina I	☐ Change	Addition
NAME	,				4.2 NA	ME		•					÷
STREET ADDRESS					4.3 STI	REET	ADDRESS						
CITY-ST-ZIP					4.4 CIT	Y-ST	- ZIP				•	٠,	*
TITLE				☐ DELETE	5.1 TIT							Change	Addition
NAME					5.2 NA								•
STREET ADDRESS	-						ADDRESS	•					
CITY-ST-ZIP					5.4 CIT		ZIP						
TITLE	:-			DELETE	6.1 TITI	Æ	1					☐ Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Can 16, 99(954) 971 60 77

FILED

Feb 09, 1999 8:00am

Secretary of State

32E034 (11/98)