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 # P9700061819

Country

9. Name and Address of Current Registered Agent

25

INCORPORATORS PLUS, INC.

1214 N UNIVERSITY DRIVE PLANTATION FL 33322

1. Corporation Name

BUILDING 516, INC.

Principal	Place	of	Business

516 NE 13 STREET FT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

516 NE 13 STREET

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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FT LAUDERDALE FL 33304

May 19, 1999 8:00 am Secretary of State

05-19-1999 90020 003 ***600.00



	1 1024 921 110 13117 10271 30111 031	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DO NOT WRI	TE IN THI	S SPACE
3.	Date Incorporated or Qualifed		
	07/14/1997		
4.	FEI Number		Applied For
	65-0768070		Not Applicable
5.	Certifcate of Status Desired		\$8.75 Additional

\$5.00 May Be

Zip Code

85

	Trust Fund Continuation	Adde	d to Lees	
-	This corporation owes the current y Personal Property Tax.	year Intangible	□No	
	10. Name and Address of New Regi	s the current year Intangible x. ☐ Yes ☐ No of New Registered Agent		
Name				
Street Ac	dress (P.O. Box Number is Not Acceptable)			
		_		

6. Election Campaign Financing

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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84 City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: F	Registered Agent signature req	aguired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, LAURIE LEE	1.2 NAME	
STREET ADDRESS	516 NE 13 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY+ST+ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR