Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90024 023 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067358

1. Corporation Name

Oringinal Place of Business

SRS PROPERTIES, INC.

Fillicipal Flace	OI DUSII 1822	Maining Addices			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
721 SE 17TH ST		721 SE 17TH ST							
SUITE B	T. FL 20046	SUITE B			DO NOT WRITE IN THIS SPACE				
FT LAUDERDALE FL 33316		FT LAUDERDALE FL 33316				3. Date Incorporated or Qualified			
					08/05/1997	200,100			
O Duly size of DI	and of Divisions	2a. Mailing Address			4. FEI Number		Anr	olied For	
	ace of Business		troo	+	65-0784977			Applicable	
21 407 SE 9 Street		26 407 SE 9 Street Suite Apt. #, etc.			65-0764977		\$8.75 A		
Suite, Apt. #, etc.		¬			5. Certifcate of Status De	sired 🗌	Fee Red		
22 101		27 1U1 City & State			5 751-11- O-1-1-15			·	
City & State		<u> </u>	T 70 7 33-1- DT			6. Election Campaign Financing 5.00 May Be Trust Fund Contribution Added to Fees			
23 Ft Lauderdale, FL			Zip Country						
Zip Country		¬			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No				
24 33316	25 243	120	<u> </u>		10. Name and Address of				
	9. Name and Address of Current	Registered Agent	81	Name	TO. Name and Address (Ji New Registered			
LEOS	POLD, NORMAN		ان ا	Or1	ando Sharpe				
	SE 17TH ST	82 Street Add			Idress (P.O. Box Number is Not Acceptable)				
			-		SE 9 Street				
SUIT			83	Sui	te 101			,	
FIL	AUDERDALE FL 33316		84				85 Zip C	ode	
				É+	Lauderdale	<u>FL</u>	33 <u>3</u>	16	
11. Pursuant	to the provisions of Sections 607/0502 egistered agent or hous, in the state of	and 607.1508, Florida Statutes,	the abov	/e-named c	corporation submits this statemer	nt for the purpose of	changing its	registered histored	
office or re	egistered agent or both in the State of m familia with and accept the obligation	r Florida. Such change was autr ons of, Section 607.0505, Florid	a Statute:	y ine corpo S.	ration's board of directors, There	by accept the appoin	innent as reg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Will Den.	•		LANOD 5	HARPE	4/15/	99		
Cignotary, type or printed for the control of the c				ent signature re	quired when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE	Į			Change	Addition	
NAME	SHARPE, ORLANDO		1.2 NAME						
STREET ADDRESS	721 SE 17TH ST SUITE B		1.3 STREE	ET ADORESS	407 SE 9 Street	Süite 101		i	
CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.4 CITY-1	ST-ZIP	Ft Lauderdale, F	L 33316			
TITLE	D	☐ DELETE	2.1 TITLE			_	X Change	☐ Addition	
NAME	SCHOPP, DAVID		2.2 NAME						
STREET ADDRESS	721 SE 17TH ST SUITE B		2.3 STREE	ET ADDRESS	407 SE 9 Street,	Suite 101			
CITY-ST-ZIP	FT LAUDERDALE FL 33316		2. 4 CITY-	ST-7IP	Fort Lauderdale,				
TITLE	Decree and the same and the	- DELETE	3.1 TITLE				Change	Addition-	
NAME	RIESCO, JUAN		3.2 NAME						
STREET ADORESS	721 SE 17TH ST SUITE B		1	ET ADDRESS	407 SE 9 Street	Suite 101			
	FT LAUDERDALE FL 33316		3.4. CITY-		Ft Lauderdale, E				
CITY-ST-ZIP	TT ENOBERDALL TE 00010	☐ DELETE	4.1 TiTLE				☐ Change	Addition	
i			4. 2 NAME				_ •		
NAME				ET ADDRESS					
STREET ADDRESS			1	i i					
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
TTTLE	•	C DECEIC	5.1 IIILE 5.2 NAME						
NAME			1	1					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE				Change	Addition	
TITLE		C) DELETE	1				TT cuands		
NAME		4	6.2 NAME	ľ	• .				
CTDCCC ADODECC		4	■ 6.3 STREI	ET ADDRESS					

6.4 CITY-ST-ZIP

主要的"等"。"这是

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report of the corporation or the receiver or type Block 12 or Block 13 if changed, or en an attackment with a

STREET ADDRESS CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information leport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in