**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

 Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700068853

1, Corporation Name

S.R.C. ENTERPRISES, INC.	
Principal Place of Business	Mailing Address
0741 CONTAINDICCALL DIVID NO 010	OTAL CONTAININ

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90054 007 \*\*\*150.00

Principal Plac	se of Business BLEEAU BLVD. NO. 210 2	Mailing Address 9741 FONTAINBL MIAMI FL 33172	EEAU BLVD. NO. 21	0			,		
}					n Date Income	DO NOT WRIT prated or Qualifed	IE IN THIS	SPACE	
	,				08/08/199				ĺ
2. Principal P	Place of Business	2a. Mailing Add	ess		4. FEI Number			Ap	plied For
21		26			65-07745	80		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		, etc.		5. Certificate of Status Desired			\$8.75		
22	<u> </u>				5. Certificate of	Status Desired		Fee Re	quired
City & Stat	te	City & State			<b>-</b>	npaign Financing			May Be
23		28			Trust Fund (			Added	to Fees
Zip	Country	Zip	Cour	itry		tion owes the curr	ent year int	angible □ Yes	<b>M</b> No
24	25	29	30		Personal Pro	operty Tax. Address of New F	Pagistared		MINO
	9. Name and Address of Cu	rrent Registered Agent	<del></del>	81 Name			<u></u>	ABEIN	
ABE	LLO, CARLA M.			A	<i>BELLO, CA</i> dress (P.O. Box Num	RLA M.			
	FOUNTAINBLEAU BLVD		[	82 Street Add	dress (P.O. Box Num	ber is Not Accepta	ıble)		
#210	0		}	83 010	/		-	<del></del>	
MAIM	MI FL 33172		Į.	965	NW 129	AVENUE			
Ì			Ī	84 City	ismi		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508 Flori	da Statutes, the ah	nove-named cor	moration submits this	statement for the		ahasaina ita	rogistored
office or r	to the provisions of Sections 607. registered agent, or both, in the Stam familiar with, and accept the ob-	tate of Florida. Such char	ige was authorized	by the corporat	tion's board of directo	ors. I hereby accep	the appoin	ntment as re	gistered
agent. i a	im tamiliar viitin, and accept the po	ologanions of, Section 1907.	ugus, rionda statu	tes.			A	A	
i		(KONK V)	$U\Omega \Delta$				UCI	- 1035	9 !
SIGNATURE	Villa V	ulya ()	מנש		ired when reinstating)		DATE	-205	2
ł	Signature, typed or printed hame of registered	ulya ()	מנש		red when reinstating)	CHANGES TO OF	DATE	D DIRECTO	2 PRS IN 12
SIGNATURE	Signature, typed or printed hame of registered	d agent and title if applicable.  AND DIRECTORS	(NOTE: Registered /	Agent signature requi	ADDITIONS/0	CHANGES TO OF	DATE FICERS AN	D DIRECTO	2
SIGNATURE	Signalizer (typed or printed fiame of registered OFFICERS)  O ABELLO, CARLA M	d agent and lette if applicable.  AND DIRECTORS	(NOTE: Registered /	Agent signature requi	ADDITIONS/0	CHANGES TO OF	DATE FICERS AN	D DIRECTO	2 PRS IN 12
SIGNATURE  12.  TITLE	Signature: fyped or printed hame of registered OFFICERS  O ABELLO, CARLA M  9741 FONTAINBLEEAU BLV	d agent and lette if applicable.  AND DIRECTORS	(NOTE: Registered / 13.  ELETE 1.1 ππ 1.2 NAI	Agent signature requi	ADDITIONS/0	CHANGES TO OF	DATE FICERS AN	D DIRECTO	2 PRS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature: fyped or printed hame of registered OFFICERS  O ABELLO, CARLA M  9741 FONTAINBLEEAU BLV	d agent and ette if applicable.  AND DIRECTORS  D, NO. 210	(NOTE: Registered / 13.  ELETE 1.1 TITL  1.2 NAN  1.3 STF	Agent signature requi	red when reinstating)	CHANGES TO OF	DATE FICERS AN	D DIRECTO	2 PRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature: fyped or printed hame of registered OFFICERS  O ABELLO, CARLA M  9741 FONTAINBLEEAU BLV	d agent and ette if applicable.  AND DIRECTORS  D, NO. 210	(NOTE: Registered / 13.  ELETE 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent signature requi	ADDITIONS/0	CHANGES TO OF	DATE FICERS AN	D DIRECTO	PRS IN 12  Addition
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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 for on all attachment with an address, with all other like empowered.