

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90027 038 ***150.00

DOCUMENT # P97000082975

1. Corporation Name
THE ARCHON PARTNERSHIP, INC.

Principal Place of Business

8448 NW 57TH ST
TAMARAC FL 33351
US

Mailing Address

8448 NW 57TH ST
TAMARAC FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0783622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 817 S. University Dr.

2a. Mailing Address

26 817 S. University Dr.

Suite, Apt. #, etc.

22 Suite 109

Suite, Apt. #, etc.

27 Suite 109

City & State

23 Plantation, FL 33324

City & State

28 Plantation, FL 33324

Zip

Country

24 25 USA

Zip

Country

29 30 USA

9. Name and Address of Current Registered Agent

OCAMPO, RAUL
8448 NW 57TH ST
TAMARAC FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

817 S. University Drive, Suite 109

83

84 City

Plantation

FL

85 Zip Code

33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OCAMPO, RAUL
STREET ADDRESS 8448 NW 57TH ST
CITY-ST-ZIP TAMARAC FL 33351

TITLE D ☒ DELETE

NAME SHAPIRO, STEPHEN M
STREET ADDRESS 8448 NW 57TH ST
CITY-ST-ZIP TAMARAC FL 33351

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Ocampo, Raul
1.3 STREET ADDRESS 817 S. University Dr., Suite 109
1.4 CITY-ST-ZIP Plantation, FL 33324

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Shapiro, Stephen M.
2.3 STREET ADDRESS 817 S. University Drive, Suite 109
2.4 CITY-ST-ZIP Plantation, FL 33324

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

Date

954-424-3443

Daytime Phone #

CR2E034 (11/98)