

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90009 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000087171					
1. Corporation Name 1005 MAIN STREET CORP.					
Principal Place of Business 1005 MAIN STREET DAYTONA BEACH FL 32118			Mailing Address 1005 MAIN STREET DAYTONA BEACH FL 32118		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1997	
21		26		4. FEI Number 59-3472372	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
Zip		Zip			
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SROR, BAROCH 1022 MAIN ST DAYTONA BEACH FL 32118			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
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5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #