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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000089677

1. Corporation Name

METRO MIAMI LANDLORD ASSISTANCE CENTER, INC.

Principal Place of Business	Mailing Address							9)(\$ 9)()((6811 1881 1881	
6777 NW 7TH AVE	6777 NW 7TH AVE	:			(
SUITE 1	SUITE 1	•								
MIAMI FL 33150 MIAMI FL 33150						DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or 10/17/1997	Qualifed	_			
2. Principal Place of Business	2a. Mailing Addres	ss			4. FEI Number			App	lied For	
21	26				65-0784668			Not	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, €	etc.			5. Certifcate of Status I	Desired [\$8	3.75 A	dditional	
22	27				J. Certificate of Glatos I	7031100	, 	Fee Rec	quired	
City & State	City & State				6. Election Campaign F	inancing _		5.00	- 1	
23 ,	28				Trust Fund Contribut	ion	<u> </u>	Added to	Fees	
Zip Country	Zip	c	Country		8. This corporation owe				_	
24 25	29	[30]			Personal Property Ta				□No	
9. Name and Address of Curre	ent Registered Agent				10. Name and Address	of New Regi	stered Agen	<u>t</u>		
* MICKENS WILLIAM K IR			81	Name						
WHOILEND, WILLIAM IN ON			82	Street A	Address (P.O. Box Number is No	ot Acceptable)	, , , , , , , , , , , , , , , , , , , 			
6777 NW 7TH AVE										
SUITE 1			83				•		\$	
MIAMI FL 33150			84	City			85	Zip C	ode	
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11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida	a Statutes, the	e anove		corporation submits this stateme	ent for the purp	ose of chan	ging its	registered	
11. Pursuant to the provisions of Sections out of	4.5	- 0.00.		-nameo c						
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90026 043 ***150.00