Applied For

\$8.75 Additional

Not Applicable

05-14-1999 90007 019 \*\*\*150.00 05-14-1999 90007 020 \*\*\*\*\*8.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/28/1997

65-0806805

4. FEI Number

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

Mailing Address 6261 NW 6TH WAY

FT LAUDERDALE FL 33309

Suite, Apt. #, etc.

2a. Mailing Address

**SUITE 207** 

26

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000092677

1. Corporation Name

Principal Place of Business

FT LAUDERDALE FL 33309

Suite, Apt. #, etc.

2. Principal Place of Business

6261 NW 6YH WAY

SUITE 207

EMERSON BENNETT & ASSOCIATES, INC.

oune, Apr. 7	27						5.	Certificate of Status Desire	d	A	Fee	Required
City & State			City & State				6.	Election Campaign Financ	ing		\$5.0	<b>0</b> May Be
23		28					1	Trust Fund Contribution		ш.	Adde	d to Fees
Zip	Country	Zip		Count	ry	-	8.	This corporation owes the	currer		_	
24	25	29	30	·				Personal Property Tax.			∐ Yes	<b>≥</b> No
Name and Address of Current Registered Agent							10.	Name and Address of No	ew Re	gistered A	gent	
ACTUAL STABLE DECIDENCE LOCATED ACTUATO TAIC						Name						
SOUTH FLORIDA REGISTERED AGENTS, INC. 200 E. LAS OLAS BLVD., STE. 1900					2 5	Street Addre	ess (F	P.O. Box Number is Not Acc	eptab	ıle)		
					3							
FT. LAUDERDALE FL 33301												
					84 City 85 Zip Code							
						•				<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508,	Florida Statutes,	the abo	ve-n	amed corpo	oration	n submits this statement for	the p	urpose of c	hanging ment as	its registered registered
office or re	egistered agent, or both, in the State of the factor of the state of t	ons of, Section	607.0505, Florid	a Statute	es.	e corporatio	1113 00	oald of directors. Thereby d	осср	то аррот		
SIGNATURE	, , ,								_			
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Re		gent su	gnature required				DATE		TODO IN 40
12.	OFFICERS AND	DIRECTORS	- DELETE	13.				ADDITIONS/CHANGES TO	OFF	ICERS ANI	Chang	
TITLE	PD		☐ DELETE	· 1.1 TITLE								e [] Addition
NAME	MARTIN, BRENTLEY C			1.2 NAMI	E							
STREET ADDRESS	6261 NW 6TH WAY, #207			1.3 STRE	EET AC	DDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33309			1.4 CITY		ÿP					Chang	e Addition
TITLE	VD		☐ DELETE	2.1 TITLE	E						Chang	e [] Addition
NAME	aguililla, douglass k			2.2 NAM	E							
STREET ADDRESS	6261 NW 6TH WAY, #207			2.3 \$TRE								
CITY-ST-ZIP	FT LAUDERDALE FL 33309			2.4 CITY		ZÍP					Chang	e Addition
TITLE	VSD		☐ DELETE	3.1 1111.5		ì					chang	e [[Addition
NAME	VELLEJO, ERIC M			3.2 NAM	E							
STREET ADDRESS	6261 NW 6TH WAY, #207			3.3 STRI	EET AC	DDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33309			3.4. CITY		ZIP		<u></u>			Chann	e
TITLE	D		☐ DELETE	4.1 TITLE							Chang	e Naditoli
NAME	AZZATA, JOSEPH J			4.2 NAN		1						
STREET ADDRESS	6261 NW 6TH WAY, #207			4.3 STR	EET AL	DORESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33309			4.4 CITY		IP					Chago	e Addition
TITLE			☐ DELETE	5.1 TITLI							Chang	
NAME				5.2 NAM		- Page						
STREET ADDRESS				5.3 STR		1						
CITY-ST-ZIP				5.4 CITY		ZIP					Chan	e
TITLE			☐ DELETE	6.1 TITL							Chang	le [] Vocition
NAME				6.2 NAM								
STREET ADDRESS				6.3 STRI								
CITY-ST-ZIP				6.4 CITY				110 07(0)(0) 5) 11 51 1		E 12	Z . 4h . 4 . 4-	a informatio-
14 I herehy (	certify that the information supplied with	h this filing doe	s not qualify for the	ne exem	ıptior	n stated in S	sectio	on 119,07(3)(i), Fiorida Statu	ites. I	runtner cert	ny that th	e ijirormation

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.35.07(3)(f), Fronta Statutes. I familie certify that the mindicated 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.

TURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR