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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093370

L.J. CHICK & COMPANY, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90052 043 ***150.00



Mailing Address Principal Place of Business 115 SW 89 WAY 115 SW 89 WAY CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/30/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0789733 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country X No 30 Personal Property Tax. 25 29 24 10: Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CHICK, LOWELL J Street Address (P.O. Box Number is Not Acceptable) 82 115 SW 89 WAY CORAL SPRINGS FL 33071 83 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 1.1 TITLE TITLE CHICK, LOWELL J 1.2 NAME NAME 115 SW 89 WAY 1.3 STREET ADORESS STREET ADDRESS **CORAL SPRINGS FL 33071** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 21 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP

6.4 CITY-ST-ZIP CITY-ST-7IP 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 a large true trustee in address, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CUTY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

□ DELETE

☐ DELETE

Daytime Phone #

Change

[7] Change

Change

Addition

Addition