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**

DOCUMENT # P97000094303

1. Corporation Name

TRADITIONAL URBAN, INC.

ı	Pri	10	ipa	PI	ace	of	Business

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90045 045 ***150.00



· morpair lace of occurrent						
518 BANYAN BLVD WEST PALM BEACH FL 33401 US	518 BANYAN BLVD WEST PALM BEACH FL 33401 US		DO NOT WRITE IN THIS SPACE			
•			3. Date Incorporated or Qualifed 11/03/1997			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1253 old oxeechobel	26		65-0807119	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		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		
Zip Country 24 73401 25	Zip Coe 29 30	untry	This corporation owes the current year Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent		
CORNING, LAWRENCE		81 Name		- <u></u>		
518 BANYAN BLVD		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401		83				
, ·		84 City	F	L 85 Zip Code		
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	02 and 607.1508, Florida Statutes, the a of Florida. Such change was authorize	d by the corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its registered pointment as registered		

agont a	in fairling, that, and doopt the congenius of a series			•						
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	/NOTE: Re	nistered Agent signature requ	uired when reinstating)	DATE					
Signature, typed or printed name of registered agent and use it approaches.										
12.	D	DELETE	1.1 TITLE		Change	Addition				
TITLE	-		1	·						
NAME	CORNING, LAWRENCE		1.2 NAME	•						
STREET ADDRESS			1.3 STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY+ST-ZIP			erro a 1 1111				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition				
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP		•	2, 4 CITY-ST-ZIP	<u> </u>	<u> </u>					
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME:			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS		•					
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME	* **		4. 2 NAME							
STREET ADDRESS	•		4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE	,	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAME	-	*	i				
STREET ADDRESS			5.3 STREET ADDRESS	•						
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
	j		64 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: