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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORI DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000097353

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90085 022 ***150.00

JOHNNY GHAND, IN	G. ,						1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARREST CONTRACTOR	1111 1 1111 (11 1	1 1 11111 1111 1111	
The same of the sa											
Principal Place of Business		Mailing Address	•				1 (881) 881 HQ 19131 (881) 88111	ABHII BBIHI SBIID I		1 01560 1111 1001	
4700 NORTH STATE ROAD 7		4700 NORTH STATE ROAL	D 7								
SUITE 221		SUITE 221					DO NOT W	DITE IN THIS	SDACE		
FT. LAUDERDALE FL 33319		FT. LAUDERDALE FL 33319			`	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
						'	11/12/1997	·			
2. Principal Place of Business	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address					4. FEI Number			oplied For	
		26					65-0793138			ot Applicable	~
21 Suite, Apt. #, etc.	The second of Contract	Suite, Apt. #, etc.								Additional	
22		27				!	Certifcate of Status Desired	L		equired	
City & State	·	City & State					6. Election Campaign Financin	g' 👝	\$5.00	May Be	
23		28			į	Trust Fund Contribution	"	•	to Fees		
Zip	Country	Zip	Co	untry		1	8. This corporation owes the c	urrent year Inta	angible		
24 25	2	9	30				Personal Property Tax.		Yes	□No	
	Address of Current Re	gistered Agent		1		11	0. Name and Address of Nev	v Registered	Agent		1
				81	Name						
GRAND, JOHNNY		,			Street Ac	ddress	ess (P.O. Box Number is Not Acceptable)				1
4700 NORTH STAT	E ROAD 7			82				<u> </u>			
SUITE 221				83							
ft. Lauderdale i	FL 33319			84	City				85 Zip	Code	
				†	•			FL	. 1 '		
	T-1 CARMAN	d:607/4509 - Elevido Statu	4 4b			araarat	tion submits this statement for t	he purpose of	changing its	s registered	
Pursuant to the provisions	or Sections 607:0502:ark	orida Cuob chango was	tes, ine a	above	-named co	orporau	hoard of directors. I berehy ac	cent the annois	ntment as re	ealsterea	
11. Pursuant to the provisions office or registered agent, agent, agent, agent, tam familiar with, a	or both, in the State of Fland accept the obligations	orida. Such clange was a of, Section 607.0505, Flo	es, ine a authorize orida Sta	above of by t itutes.	-named co the corpora	ration's	board of directors. I hereby ac	cept the appoi	ntment as re	egistered	_
11. Pursuant to the provisions office or registered agent, agent, I am familiar with, a			ies, ine a authorize orida Sta	above d'by t itutes.	-named co the corpora	ration's	board of directors. I hereby ac		ntment as re	egistered	=
SIGNATURE ALON	nted name/byregistered agent and to	title if applicable. (NOT	E: Registere	d Agent	-named co the corpora t signature requ		an reinstating)	DATE			100
SIGNATURE Streeture, typed or pri	ww Lla	title if applicable. (NOT	E: Registere	d Agent				DATE	D DIRECTO	DRS IN 12	17,00
SIGNATURE Systems, typed or pri	nted name of registered agent and to	title if applicable. (NOT	E: Registere	d Agent			an reinstating)	DATE			144,000
SIGNATURE SAFATURE, hyped or pri	nted name syregistered agent and to FFICERS AND DI	uite if applicable. (NOT	E: Registere 13. 1.1 T	d Agent	t signature requ		an reinstating)	DATE	D DIRECTO	DRS IN 12	1007 144 1001
SIGNATURE SUbstitute, typed or pri 12. TITLE D GRAND, JOH- STREET ADDRESS 4700 NORTH	INNY STATE ROAD 7, STE	uite if applicable. (NOT	13. 1.1.7 1.2.N	ITLE VAME	t signature requ		an reinstating)	DATE	D DIRECTO	DRS IN 12	144,000
SIGNATURE 12. TITLE D NAME STREET ADDRESS CITY-ST-ZIP SIGNATURE STRUCK ST-ZIP STRUCK STRU	nted name syregistered agent and to FFICERS AND DI	uite if applicable. (NOT	13. 1.1.7 1.2.N 1.3.5	ITLE VAME STREET	t signature requ		an reinstating)	DATE	D DIRECTO	DRS IN 12	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME GRAND, JOH STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE A700 NORTH FT. LAUDERI	INNY STATE ROAD 7, STE	uite if applicable. (NOT	13. 1.17 1.2N 1.3 \$ 1.4 C	ITLE STREET CITY-ST	t signature requ		an reinstating)	DATE	D DIRECTO	DRS IN 12	11 (44,00)
SIGNATURE 12. TITLE NAME GRAND, JOH STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIGNATURE GRAND, JOH 4700 NORTH FT. LAUDERI TITLE NAME	INNY STATE ROAD 7, STE	uite if applicable. (NOT	13. 1.17 1.2N 1.3 S 1.4 C 2.1 T	ITLE VAME STREET CITY-ST	ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12	(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	INNY STATE ROAD 7, STE	uite if applicable. (NOT	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S	ITLE VAME STREET CITY-ST TITLE VAME	ADDRESS -ZIP ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12	0001004 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D GRAND, JOH 4700 NORTH FT. LAUDERI TITLE NAME STREET ADDRESS CITY-ST-ZIP	INNY STATE ROAD 7, STE	dise if applicable. (NOT) RECTORS DELETE DELETE	13. 1.17 1.2 N 1.3 S 1.4 G 2.17 2.2 h 2.3 S 2.4 4	INTLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST CITY-ST	ADDRESS -ZIP ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	INNY STATE ROAD 7, STE	uite if applicable. (NOT	13. 1.17 1.2N 1.3 \$ 1.4C 2.11 2.2N 2.3 \$ 2.4	Ad Agent IITLE NAME STREET CITY-ST IITLE NAME STREET CITY-ST	ADDRESS -ZIP ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12 Addition	100000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME NAME NAME	INNY STATE ROAD 7, STE	dise if applicable. (NOT) RECTORS DELETE DELETE	E: Registore 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.44 3.17 3.2N	ITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE	ADDRESS -ZIP ADDRESS T-ZIP		an reinstating)	DATE	D DIRECTO	DRS IN 12 Addition	100000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	INNY STATE ROAD 7, STE	dise if applicable. (NOT) RECTORS DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2h 2.3S 2.44 3.17 3.2N 3.3S	ITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12 Addition	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	INNY STATE ROAD 7, STE	ulie of applicable. (NOT RECTORS DELETE 221 DELETE	E: Registore 13. 1.17 1.2N 1.3S 1.4C 2.11 2.2h 2.3S 2.44 3.17 3.2N 3.3S 3.4.	ITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME CITY-ST CITY-ST CITY-ST CITY-ST	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS		an reinstating)	DATE	D DIRECTO	DRS IN 12 Addition	(100,14)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	INNY STATE ROAD 7, STE	dise if applicable. (NOT) RECTORS DELETE DELETE	E: Registore 13. 1.17 1.2N 1.3 S 1.4 C 2.11 2.2 h 2.3 S 2.4 4 3.17 3.2 N 3.3 S 3.4. 4.11	ITTLE VAME STREET TITLE VAME STREET TITLE VAME CITY-SITILE VAME STREET CITY-SITILE VAME TITLE TITLE TITLE TITLE TITLE	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS		an reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	00017007
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	INNY STATE ROAD 7, STE	ulie of applicable. (NOT RECTORS DELETE 221 DELETE	13. 1.17 1.2 N 1.3 S 1.4 G 2.11 2.2 N 2.3 S 2.4 4 3.17 3.2 N 3.3 S 3.4 4.11	ITTLE VAME STREET TITLE VAME STREET TITLE VAME STREET CITY-ST TITLE VAME VAME VAME VAME VAME VAME VAME VAM	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	(00 47) 400 LOCAL COLOR
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	INNY STATE ROAD 7, STE	ulie of applicable. (NOT RECTORS DELETE 221 DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.11 3.2N 3.3S 3.4. 4.11 4.2	ITLE VAME STREET	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	an reinstating)	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	(00,11)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	INNY STATE ROAD 7, STE	ulie of applicable. (NOT RECTORS DELETE 221 DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.11 3.2N 3.3S 3.4. 4.11 4.22	ITTLE VAME STREET TITLE VAME STREET TITLE VAME STREET CITY-ST TITLE VAME VAME VAME VAME VAME VAME VAME VAM	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change	DRS IN 12 Addition Addition	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2h 2.3S 2.44 3.17 3.2h 3.4. 4.11 4.2 4.3 5.11	ITLE VAME STREET COTY-ST	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.17 3.2N 3.4. 4.11 4.2 4.33 4.40 5.11 5.2N	INTLE WAME STREET STREET STREET STREET CITY-ST TITLE WAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	(00 17) x00L000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.11 3.2N 3.4. 4.11 4.2 4.93 4.44 5.11 5.21	INTLE WAME STREET STREET STREET STREET CITY-ST TITLE WAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME NAME NAME NAME NAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	(80) 44) 400 LOCO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.17 3.2N 3.4. 4.11 4.2 4.33 4.40 5.11 5.2N 5.34	INTLE VAME STREET TITLE VAME STREET TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change	DRS IN 12 Addition Addition	(0) 17 7 COLOGO
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.11 3.2N 3.3S 3.4. 4.11 4.2 4.3S 4.4(5.11 5.2N 5.3S 5.44 6.11	INTLE WAME STREET TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME STREET CITY-ST TITLE WAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition	2007
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	INNY STATE ROAD 7, STE	Uite of applicable. (NOT RECTORS DELETE 221 DELETE DELETE	13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.44 3.17 3.2N 3.4. 4.17 4.2 4.3S 4.4(5.17 5.2N 5.34 6.11	INTLE VAME STREET TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME STREET CITY-ST TITLE VAME VA	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	quired whe	en reinstating) ADDITIONS/CHANGES TO	DATE	D DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition	00.00

CITY-ST-ZIP 14. 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 apport 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:

Daytime Phone #