PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000099257

1. Corporation Name

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

FORT I AUDERDALE THINKERS INC.

1 011, 21,	ODENDALE INMINERS MO.								
									
Principal Place	of Business	Mailing Address		_					
2929 NE 6H AVI		4240 NORTHWEST	T 21ST STREET	Τ					
WILLON MANOR	IS FL 33334	UNIT 147 LAUDERHILL FL 3	13313		-	DO NOT W	RITE IN THIS	SPACE	
03		ENODE: WEEL I'E O				3. Date Incorporated or Qualif	ed be		
						11/20/1997			
2 Principal Pla	ace of Business	2a. Mailing Addre	ess .			4. FEI Number		Арі	olied For
· ·	aco di Basinass	26 5 10	n 11 75	T型 (It	İ	65-0830786			Applicable
Suite, Apt. #	# etc	Suite, Apt. #,	1 19 1	s - Citt				\$8.75 A	dditional
22	.,	27			1	Certificate of Status Desired		Fee Re	quired
City & State)	City & State		~ ~ ~ .		6. Election Campaign Financir	ng —	\$5.00	May Be
23		28 Kaurlo	ehill #	-1 533 14	· \	Trust Fund Contribution	a 🗆	Added to	-
Zip	Country	Zip	· · · · · · · · · · · ·	Country		8. This corporation owes the o	urrent year Int	angible	
24	25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Current		17-1		1	10. Name and Address of Ne	w Registered	Agent	
				81 Name					•
	ry, Fernando R NW 21ST Street Unit 147			82 Street	Address	(P.O. Box Number is Not Acce	eptable)		_
1	DERHILL FL 33313			83					
				84 City				85 Zip C	Code
				'			FL	abanging its	en distored
11. Pursuant t	o the provisions of Sections 607.0502 ogistered agent, or both, in the State of marrillar with, and accept the obligation	l and 607.1508, Florid If Florida, Shigh chan	da Statutes, th de was author	ne above-named rized by the corpo	corpora oration's	ition submits this statement for the board of directors. I hereby ac	ne purpose of cept the appoi	cnanging its intment as reg	gistered
, office of te	m Abmiliar with and accept the obligation	Section 607	SEOF Florida 9	Statutes			- 7		
j agent. i ar	interioral with and accept the obligation	ous of, section out.	Joub, Florida a	Statutes.			/ 1//	11	
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agent. I ar	Signature, typee or printer hame of registered agent	and title if applicable.	Uy VI	Stered Agent signature in		en reinstating)	J-AU DATE	77_	
SIGNATURE	Agrifure, types or printer hame of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	Uy VI	stered Agent signature n			J-AU DATE	ND DIRECTO	RS IN 12
SIGNATURE	Agriculte, typed or printed the of registered agent OFFICERS AND	and title if applicable. D DIRECTORS	ELETE 1	stered Agent signature n	dw beniupen	ADDITIONS/CHANGES TO	DATE OFFICERS AN	77_	
SIGNATURE	Application of replacement agent OFFICERS AND PD BERRY, FERNANDO	and the if applicable. D DIRECTORS	ELETE 1	stered Agent signature n	P C	ADDITIONS/CHANGES TO	DATE OFFICERS AN	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	PD BERRY, FERNANDO 4240 NORTHWEST 21ST STREE	and the if applicable. D DIRECTORS	HOVE ROUS	Stered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required wh	ADDITIONS/CHANGES TO PROMOTE REAL OF THE PROMOTE PROMO	DATE OFFICERS AN	ND DIRECTO	RS IN 12
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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 curporation or the receiver or trustle employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90020 003 ***550.00