

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90007 049 ***550.00

AMOUNT DUE ON OR BEFORE 03/12/99: \$550 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$100).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104196 ✓

1. Corporation Name
S 500, INC.

Principal Place of Business
380 LEUCADENDRA DRIVE
CORAL GABLES FL 33156

Mailing Address
380 LEUCADENDRA DRIVE
CORAL GABLES FL 33156

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
12/10/1997

4. FEI Number
65-0806567

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MADIGAN, TERRELL C
200 WEST COLLEGE AVE
THIRD FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name ANTHONY R. MORGENTHAU
82 Street Address (P.O. Box Number is Not Acceptable) 380 LEUCADENDRA DRIVE
83
84 City CORAL GABLES FL 85 Zip Code 33156

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 *Anthony R. Morgenthau* **DATE** **8/6/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.1 TITLE D
1.2 NAME MORGENTHAU, ANTHONY R
1.3 STREET ADDRESS 380 LEUCADENDRA DRIVE
1.4 CITY-ST-ZIP CORAL GABLES FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 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 attachment with an address.

SIGNATURE: *Anthony R. Morgenthau* **REQUIRED** **7/21/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)