

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 # P97000107049

1. Corporation Name

JOHNSTON HOLDINGS CORP.

Principal Place of Business

8360 W FLAGLER STREET  
SUITE 200  
MIAMI FL 33144

Mailing Address

8360 W FLAGLER STREET  
SUITE 200  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

APPLIED FOR 65-0827737

Applied For

Not Applicable

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1539 SW 21ST Ave

2a. Mailing Address

26 1539 SW 21ST Ave

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

24 33312

Country

25 USA

Zip

29 33312

Country

30 USA

9. Name and Address of Current Registered Agent

JOHNSTON, DARRYL  
8360 W FLAGLER STREET  
SUITE 200  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name

JOHNSTON, DARRYL A.

82 Street Address (P.O. Box Number is Not Acceptable)

1539 SW 21ST Ave.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

DARRYL A. JOHNSTON

4-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME JOHNSTON, DARRYL  
STREET ADDRESS 8360 W FLAGLER ST, #200  
CITY-ST-ZIP MIAMI FL 33144

TITLE VD ☒ DELETE  
NAME JOHNSTON, LYLE  
STREET ADDRESS 8360 W FLAGLER ST, #200  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME DARRYL JOHNSTON  
1.3 STREET ADDRESS 1539 SW 21ST Ave.  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME LYLE JOHNSTON  
2.3 STREET ADDRESS 1539 SW 21ST Ave.  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE: DARRYL A. JOHNSTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99  
Date

954-797-5223  
Daytime Phone #

CR2E034 (11/98)