## 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 # P98000002870

Corporation Name

MAINSTREAM SOUTH, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90200 045 \*\*\*150.00



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	NIVERSITY DRIVE SUITE 108	5400 SOUTH UNIVERSITY DRIVE SUITE 108 DAVIE FL 33328							
DAVIE FL 33328					DO N	OT WRITE IN THIS	SPACE		
					3. Date incorporated or 0 01/12/1998	Qualifed			
2. Principal Place of Business 21. 3487 DERBY CANE 26. 3487 DERBY C				ANE	4 FEI Number	80 7949		plied For t Applicable	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  28  WESTON FL  28  WESTON FL					5. Certifcate of Status De	esired 🔲	<b>\$8.75</b> A Fee Rec		
					, <del>,</del>	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 333	Country 25	Zip 29 3333/ [2	Country 30	<i>'</i>	This corporation owes     Personal Property Tax	c	Yes	□No	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of	f New Registered	Agent		
000	PAL BARCOUELL E		81	Name		•			
GREEN, MITCHELL F 4000 HOLLYWOOD BLVD SUITE 485 SOUTH					Street Address (P.O. Box Number is Not Acceptable)				
HOL	LYWOOD FL 33021		83	-					
			84	City		FL	85 Zip C	Code	
office or re agent. I as	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of an familiar with, and accept the obligation	Florida. Such change was au'	thorized by	the corp	corporation submits this statemen location's board of directors. I here	t for the purpose of by accept the appoi	changing its ntment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	nt signature	required when reinstating)	DATE			ć
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN			9
TITLE	0	☐ DELETE	1.1 TITLE			11	Change	☐ Addition \	,
NAME	GOSS, KENNETH		1.2 NAME		6066, LENNETA	7			7
STREET ADDRESS	FACO COURTLE UNINTEDESTY DOME CUITE 100		1.3 STREE	TADORESS	3487 DERBY LAN	ve			Ĺ
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-3	ST-ZIP	WESTON FL	<b>33</b> 33/			۵
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	(
NAME			2.2 NAME					Ì	
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CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
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STREET ADDRESS			3.3 STREE	ET ADDRESS	:1			j	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
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NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS		•			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	1				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5 2 NAME			e et			
STREET ADDRESS			5.3 STREE	T ADDRESS					
			5.4 CITY-			-			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		<del> </del>		Change	Addition	
			6.2 NAME					_	
NAME -			4	ET ADDRESS	,				
STREET ADDRESS			0.5 5 TREE		'}				

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:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR