## 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 # Paganona3225

Principal	Place of	Business	

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90214 016 \*\*\*150.00

Corporation	Name P 300000	00220		`			
•	OOWN SOUTH CORP.						
**C !!C L	CANA DOCALL COLL.			1 1881108: 118 1818: 1818: 1	1111 <b>02</b> 111 <b>11</b> 111 <b>60</b> 111		
Principal Place	of Business	Mailing Address		- I INDIIONI IIA FASAR INII B		##100   Hit   HB1# 11	1881 BIKI 1881
•	LUM BAY PARKWAY	5809 NORTH PLUM BAY PAR	RKWAY	•		•	
AMARAC FL 3		TAMARAC FL 33321					
					WRITE IN THIS	SPACE	
				3. Date Incorporated or Qua	шеа		
		To Mark Address	*	01/12/1998 :		- Ann	lied For
2. Principal Pi	lace of Business	2a. Mailing Address	th SR 7		392		Applicable
<u>1 ما اما 1</u> Suite, Apt.	Month SK 1	26 2123 NOT Suite, Apt. #, etc.	411 On 1	<del> </del>		\$8.75 Ad	
Suite, Apt.	#, etc.	27		5. Certifcate of Status Desir	ed 🗆	Fee Req	
City & State	9 .	City & State		6. Election Campaign Finan	cing —	\$5.00 N	May Be
3 HO11	www FL	28 Holly 11000	d FL	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the	current year In		
433 <u>0</u>	21 25	29 3302\3	0	Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of N	lew Registered	Agent	
444	DII AMOVED		81 Name	4.			
	RILAWYER		82 Street Add	ress (P.O. Box Number is Not Ad	ceptable)		
	almeria avenue Val gables fl 33134		83		-1/-		
CON	AL GABLES FL 33134		63	•			
			84 City	1		85 Zip Ci	ode
	to the provisions of Sections 607.0502	COZ 4500 Flavida Statutos	the above pamed cor	poration submits this statement for	r the numose o	f changing its r	registered
office or r	edistered agent or both in the State O	i Fiorida. Such chande was aut	norized by the corporati	on's board of directors. I hereby	accept the appo	intment as reg	istered
agent, I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	1			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	Registered Agent signature require	ed when reinstating)	DATE		ì
12.	OFFICERS AND		13.	ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CORTESE, VICTOR		1.2 NAME	•			
STREET ADDRESS	5809 NORTH PLUM BAY PARKY	VAY	1.3 STREET ADDRESS	1		•	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	<u> </u>			
TITLE	VSD	☐ DELETE	2.1 TITLE	1		. ☐ Change	Addition
NAME	ADAMS, LOUISE		2.2 NAME	1			_'
STREET ADDRESS	5809 NORTH PLUM BAY PARKY	VAY	2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321		2. 4 CITY-ST-ZIP	<u> </u>			Addition
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP		□ oct ctc	3.4. CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE	i		mange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		_ DELETE	5.2 NAME	1		•	
NAME STREET ADDRESS			5.3 STREET ADDRESS				
STREET ADDRESS			54 CITY-ST-ZIP				Į
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
U.INCE I ADDINESS	1			1			}

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, of one an attachment with an address, with all other like empowered.

SIGNATURE: