02171999-90046-020-\$150.00-\$150.00

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PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

B

Secretary of State **DIVISION OF CORPORATIONS**

Katherine Harris

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90046 020 ***150.00

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DOCU	MENT # P98000	004427] .			
1 .	DADE COUNTY, INC.							
					LINEAR PARTIES AND THE REPORT FOR A CORR.	CANN CONTRACTOR CONTRACTOR	LLE CLEA HER LEER	
<u> </u>								
i '	e of Business	Mailing Address						
7231 SOUTHE! C-2	HIN BLVD	7231 SOUTHEAN BLVD C-2						
WEST PALM BEACH FL 33413 WEST PALM BEACH FL 334					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			7
9 Deigning D	Place of Business	2a, Mailing Address			01/12/1998 4. FEI Number		· · · · · · · · · · · · · · · · · · ·	4
21 Principal P	LIBRE OF BUSHIBBS	26 Mailing Address			65-0813333		Applied For Not Applicable	- 3
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional	Ή:
22		27			5. Certificate of Status Desired		Required	1
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be	ì
23		28			Trust Fund Contribution	Added	to Fees	4
Zip	Country	Zip	Count	<u>~~~~</u>	8. This corporation owes the current		□No	
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Reg	Yes	L.) No	- -
	g. (thing and August or extracti	- Contract - Contract	- la	1 Name	And the part of th	A STATE OF THE STA		1
l	DVES, KENNETH L		8	Strand Addition	O Boy Myster in Net Assessable		<u> </u>	-1
7231 SOUTHERN BLVD			"	3 If Black Address	ess (P.O. Box Number is Not Acceptable	aj. Nen maren en e	* . *	
C-2			83		Fig. 12 of Booking	经错误补偿	SHOW III	7
MES	ST PALM BEACH FL 33413	• •	i a	4 City	48.44.	85 Zip	Code	┪
<u> </u>			- 1	'	<u> </u>	FL		4
.11. Pursuant office or n	to the provisions of Sections 607,0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes f Florida. Such change was auti	i, the abo horized b	ve-named corpo v the corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	rposa of changing it ne appointment as <i>t</i>	s registered egistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	śs.	•		*	1
					•			
SIGNATURE	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE: R			_ ·	DATE	·	_
SIGNATURE	Signature, typed or printed name of registered agent. OFFICERS AND	DIRECTORS			_ ·	DAYE .	ORS IN 12	188
	OFFICERS AND		legistered Ag	ent eignature required	when reversiting)	DAYE .	ORS IN 12	
12. TITLE NAME	OFFICERS AND D GROVES, KENNETH L	DIRECTORS	13. 1.1 TITLE	ent signature required	when reversiting)	DATE ERS AND DIRECT	ORS IN 12	
12. TITLE NAME STREET ADDRESS	D OFFICERS AND GROVES, KENNETH L 7231 SOUTHERN BLVD	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent eignature required	when reversiting)	DATE ERS AND DIRECT	ORS IN 12	2E034 (11/98)
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14. I hereby certify that the information supplied with this filing does not qualify for 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.

SIGN	

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

1/6/48 561-683-7066 Data Devume Prome #