## 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 # P98000004686

FEDERAL & STATE CORPORATE ADVISORS, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90032 011 \*\*\*150.00



2100 W 76TH ST. SUITE 510 HIALEAH FL 33016	2100 W 76TH ST. SUITE 510 HIALEAH FL 33016		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 01/15/1998				
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For			
n]	26		65-0805221				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing \$5.00 May Be-				
ā	28		Trust Fund Contribution	Added to Fees			
Zip Country	Zip	Country 0	This corporation owes the current year Personal Property Tax.	r Intangible . □ Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
EDEN, BRIAN 2100 W 76TH ST, SUITE 510 HIALEAH FL 33016		81 Name 82 Street Ad 83	dress (P.O. Box Number is Not Acceptable)				
		84 City		85 Zip Code			

ursuant 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 ffice 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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg	gistered Agent signature re-	quired when reinstating)	DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TILE	P	DELETE	1.1 TITLE		Change	☐ Addition				
NAME	EDEN, BRIAN		1.2 NAME							
STREET ADDRESS	2100 W 76TH ST, SUITE 510		1.3 STREET ADDRESS	•						
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP							
TITLE	\$T \	DELETE	2.1 TITLE	L.	Change	☐ Addition				
NAME	ESPOSITO, GINA		2.2 NAME			}				
STREET ADDRESS	2100 W 76TH ST, SUITE 510		2.3 STREET ADDRESS			. }				
CITY-ST-ZIP	HIALEAH FL 33016		2.4 CITY-ST-ZIP							
TITLE		DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>						
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition {				
NAME			4. 2 NAME			- 1				
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME			5.2 NAMÉ							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME			1				
ADDRESS			6.3 STREET ADDRESS			Ì				
CITY-ST-ZIP			6.4 CITY-ST-ZIP							
14 I harahy o	ertify that the information supplied with this filing does or	ot qualify for the	e exemption stated	in Section 119.07(3)(i). Florida Statutes, I	further certify that the in	tormation				

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 true e 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: