**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name	DOCUMENT #	P9800000785
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AVFINANCE, INC.

Principal Place of Business

1975 E SUNRISE BLVD STE 826

FORT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21-3200 NE-145+ Causewa

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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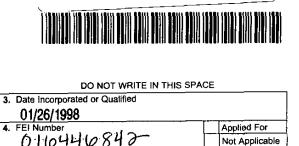
1975 E SUNRISE BLVD

**STE 826** FORT LAUDERDALE FL 33309

Same

## **FILED** Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90007 029 \*\*\*550.00



5. Certificate of Status Desired

6. Election Campaign Financing

\$8.75 Additional

Fee Required

\$5.00 May Be

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Zip	Country Zip Co												8. 1	This corpo	oration (	wes the	current	year ,		_				
24 330											Intangible Personal Property. Yes No													
9. Name and Address of Current Registered Agent													10.	Name an	d Addr	ess of N	ew Reg	istered	Agent					
										81	Name													
RAYMOND, MARK F ESQ									82	Street	Addres	ss (P.	O. Box Ni	ımber i	Not Acc	ceptable	a)							
201 S BISCAYNE BLVD																·								
STE 2600							83												i					
MIA	MI FL 331	31-43	36							84	City	85 Zip Code												
											City							FL	_					
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.	Claratura trad	d or nelet	ad name	of registered age	ent and	title if apolic	abla	/NI	OTE: R	egistered (	Agent signatu	ire require	ed when	reinstating)				DATE					_	
12.	Signature, type	o or print		FFICERS A				114		13.	-go.n. o-g				S/CHAN	IGES TO	OFFIC	ERS A	ND DIRE	ID DIRECTORS IN 12				
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pled with this filing does not quality for the exemption stated in section 119.07(3)), Florida Statutes. I further bearing that the imminishment annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am for the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appea indicated on this annual report of supplementation and officer or director of the corporation in Block 12 or Block 13 if changed or

SIGNATURE: