

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90122 033 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000011178**

1. Corporation Name
FACILITEC, INC.

Principal Place of Business
**10120 NW 53 STREET
SUNRISE FL 33351**

Mailing Address
**10120 NW 53 STREET
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 599 Sawgrass Corp Pkwy		2a. Mailing Address 599 Sawgrass Corp Parkway		3. Date Incorporated or Qualified 02/03/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0812836	
22 City & State Sunrise, FL		27 City & State Sunrise, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33325		28 Zip 33325		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA		29 Country USA		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUDD, DANIEL
10120 NW 53 STREET
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name	Rudd, Jerry Daniel
82 Street Address (P.O. Box Number is Not Acceptable)	599 Sawgrass Corporate Parkway
83	
84 City	Sunrise
85 Zip Code	FL 33325

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

Jerry Daniel Rudd, PTD

(NOTE: Registered Agent signature required when reinstating)

1/1/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDD, JERRY D	1.2 NAME	Rudd, Jerry D
STREET ADDRESS	10120 NW 53 STREET	1.3 STREET ADDRESS	599 Sawgrass Corporate Parkway
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, DANNY W	2.2 NAME	Cyr, Danny W
STREET ADDRESS	10120 NW 53 STREET	2.3 STREET ADDRESS	599 Sawgrass Corporate Parkway
CITY-ST-ZIP	SUNRISE FL 33351	2.4 CITY-ST-ZIP	Sunrise, FL 33325
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99
Date

954.846.8787
Daytime Phone #

CR2E034 (11/98)