PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000015468

CORE COMMERCIAL, INC.

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90073 043 \*\*\*150.00



| Principal Place  | e of Business                            | Mailing Address   |   | 1 (2 Er(CB): 114 - 12-21 - 14-11 - 14-11 - 14-11   |   |
|--|--|---|---|--|---|
| P.O. BOX 431405 P.O. BOX 431405<br>MIAMI FL 33243 MIAMI FL 33243 |  |   |   | DO NOT WRITE IN THIS SPACE   |   |
|  |  |   |   | 3. Date Incorporated or Qualifed   |   |
| i  |  |   |   | 02/16/1998   | T in the state of                             |
| 2. Principal Pl  | Low 79 84                                |   | 31405   | 4. FEI Number 65 - 08/2,933  | Applied For Not Applicable 8.75 Additional    |
| Suite, Apt.  | #, etc.                                  | Stite, Apt. #, etc.   |   |  | Fee Required                                  |
| 22 City & State  |  | City & State  |   | 6. Election Campaign Financing   | 5.00 May Be                                   |
| 23 Zip   | AMI HOTE                                 | 28 MIAMI  | 7 L<br>Country  |  | Added to Fees                                 |
| 24 331   | 143 25 USA                               | 29 33245  | o USH   | Personal Property Tax.   | Yes No  |
|  | 9. Name and Address of Curren            | Registered Agent  | 99 Name   | 10. Name and Address of New Registered Ager  | 1   |
| TOT  | H, ANDREUS J                             |   | 81 Name   | 3 AME  |   |
|  | n, andreus j<br>I SW 79YH ST.            |   | 82 Street Addr  | ress (P.O. Box Number is Not Acceptable)   | 1   |
| SOUTH MAM FL 33143   |  |   |   |  |   |
| 300  | /// Mindia 1:E 30 143                    |   |   |  |   |
|  | 110                                      | /   | 84 City   | FL   Bt  | 1   |
| 11 Pursuant  | to the provisions of Sections 607.050    | 2 and 607.1508, Florida Statutes                                    | , the above-named corp  | poration submits this statement for the purpose of char-<br>on's board of directors. I hereby accept the appointme   | iging its registered                          |
| office or r  | egistered agent, or both in the State of | of Florida. Such change was aut<br>ions of Seation 607/0505. Florio | horized by the corporation that the corporation is the corporation of the corporation in the corporation is the corporation of the corporation is the corporation of the corporation of the corporation is the corporation of | on's board of directors. I hereby accept the appointme   | III as registered                             |
|  | Maril 1 XXX                              | MAU 4/  |   |  |   |
| SIGNATURE  |  | · · · · · · · · · · · · · · · · · · ·                               | legistered Agent signature require  | d when reinstating) DATE   | INFECTORS IN 12                               |
| 12.  | OFFICERS AN                              | D DIRECTORS   | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DI   | TRECTORS IN 12 Change Addition 5.7            |
| TITLE  | PRES + OIK                               | □ DELETE  | 1.1 TITLE   | ٥  | 4   |
| NAME   | RNARBULS J. TO                           | PK Ç  | 1.2 NAME<br>1.3 STREET ADDRESS  |  | គូ  |
| STREET ADDRESS   | 6841 8W 7942                             | 23143   | 1A CITY-ST-ZIP  |  | 22  |
| CITY-ST-ZIP  | VA CALLAND                               | DELETE  | 2.1 TITLE   |  | Change Daddition O                            |
| NAME   | WHITE TOMORY                             | ~   | 22 NAME   |  | 1 1   |
| STREET ADDRESS   | 1241 BW 79#                              | b-0   | 2.3 STREET ADDRESS  |  | 11  |
| CITY-ST-ZIP  | MAMI SL                                  | 33147   | 2.4 CITY-ST-ZIP   | and the second s | <u>, , , , , , , , , , , , , , , , , , , </u> |
| TITLE  |  | ☐ DELETE  | 3.1 TITLE   |  | Change Addition                               |
| NAME   |  |   | 3.2 NAME  |  |   |
| STREET ADDRESS   |  |   | 3.3 STREET ADDRESS  |  |   |
| CTTY-ST-ZIP  | <u> </u>                                 |   | 3.4. CITY-ST-ZIP  |  | Change  |
| TITLE  |  | □ DELETE  | 4.1 TITLE   |  | Cliange [] Accessi                            |
| NAME   |  |   | 4.2 NAME  |  |   |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS  |  | } .   |
| CITY-ST-ZIP  |  | ☐ DELETE  | 4.4 CITY-ST-ZIP   | Π  | Change Addition                               |
| TITLE  | }  | Li vete ie  | 5.1 TIFLE<br>5.2 NAME   | _  | -   |
| NAME   | ]  |   | 5.3 STREET ADDRESS  |  | 1 1   |
| STREET ADDRESS   | 1  |   | 5.4 CITY-ST-ZIP   |  |   |
| Crity-\$T-ZIP  |  | □ OELETE  | B.1 TITLE   |  | Change  |
| NAME   | <b>k</b>                                 |   | B.2 NAME  |  | · )   |
| STREET ADDRESS   | . ,                                      |   | 8.3 STREET ADDRESS  |  | ١.  |
| - CHARLESON CONTROL  | η ν                                      |   | 6.4 CITY-ST-ZIP   |  | 1   |

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the composition or the reference rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an adactivent with an address. With all other like empowered.

SIGNATURE:

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