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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **P98000019144**1. Corporation Name

SUBCO BEELINE, INC.

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90079 009 \*\*\*158.75



Principal Place	e or business	Maining Address			
	AL HWY #504	3101 N. FEDERAL HWY #504			
ft. Lauderdai	LE PL 333U6	FT. LAUDERDALE FL 33306		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
	•			02/26/1998	
		T			Applied For
2. Principal P	lace of Business	2a. Mailing Address	( ( T2) 1.1	4. FEI Number	Applied For
21/60/21	W. Atlantic Klud		lantic Blud	65-0815561	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State			- <b>~\$5:00</b> -мау ве— <sup>⊸</sup>
23 Man	sate it'l	28 Yourgate +	- <u>'</u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
4330	(25)	29 33043 30		Personal Property Tax.	IDres □No
	9. Name and Address of Current		·	10. Name and Address of New Registered	Agent
·-	<u> </u>		81 Name		
QUA	eshi, denise				<del>.</del>
OLOU N. EEDEDAL LIANV. #EO4 [82] Ştreet A				ess (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33306		83 (000)	W HIGHTIC BIOG	*
T 1. I	STODEHOALL I E 30000		63		
			84 City 🔨		85 Zip Code
			1   10	arable FL	1 133063
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligation	t Florida. Such change was autho	orized by the corporation	on's poard of directors, I hereby accept the appoin	millent as registered
<del>-</del>	\.\.\.	<b>^</b> ^ \	1 /).	4-27	_57
SIGNATURE	Signature, typed or printed name of registered agent a		istered Agent signature required		<u></u>
49	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.	D OFFICERS AND	DELETE	1.1 TITLE		Change
TITLE	_		1.2 NAME		<i></i> -
NAME	QURESHI, DENISE A	i i		221 W. Atlantic B	lind.
STREET ADDRESS	3101 N. FEDERAL HWY., #504	j	1.3 STREET ADDRESS		1 >>< 1
CITY-ST-ZIP	FT. LAUDERDALE FL 33306		1.4 CITY-ST-ZIP	largate, FL 33063	
TITLE		☐ DELÉTE	2.1 TITLE	U '	Change Addition
NAME		1	2.2 NAME		
STREET ADDRESS		,	2.3 STREET ADDRESS		
		ſ	2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE	1	_ 5555.2	ļ.		· • <del>-</del>
NAME	1	į	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-\$T-ZIP		70hanna
TILE	1	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NIME			4. 2 NAME		
ST:EET ADDRESS			4.3 STREET ADDRESS		
CITY ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		`	5.2 NAME		
NAME		j			
STREET CORESS		,	5.3 STREET ADDRESS		
Crty-St-ZP			5.4 CITY-ST-ZIP		D01
TITLE	1	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME .			6.2 NAME		
STREET ADORESS		1	6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY-ST-ZIP		
CITY+ST-7IP					

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 ordirector 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 pr Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: