

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90042 040 ***150.00

DOCUMENT # **P98000020429**

1. Corporation Name

BAILBONDS BY THE WHITMANS, INC.

Principal Place of Business

**535 NORTHWEST 12TH AVE.
MIAMI FL 33136**

Mailing Address

**535 NORTHWEST 12TH AVE.
MIAMI FL 33136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

65-0823507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERSH, BRIAN R
19 WEST FLAGLER ST., STE. 602
BISCAYNE BUILDING
MIAMI FL 33130-4477**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
WHITMAN, ARTHUR**
STREET ADDRESS **535 NORTHWEST 12TH AVE.**
CITY-ST-ZIP **MIAMI FL 33136**

1.1 TITLE

Vice President/Director ☐ Change ☒ Addition

1.2 NAME

Hope T. Whitman

1.3 STREET ADDRESS

10 N.E. 193 Terrace

1.4 CITY-ST-ZIP

Miami, Florida 33179

TITLE ☐ DELETE

NAME **S
TOTE, KIM**
STREET ADDRESS **19 W FLAGLER ST., #602**
CITY-ST-ZIP **MIAMI FL 33130**

2.1 TITLE

Secretary ☐ Change ☒ Addition

2.2 NAME

Denise R. Whitman

2.3 STREET ADDRESS

7311 West Granada Boulevard

2.4 CITY-ST-ZIP

Miramar, Florida 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

Treasurer ☐ Change ☒ Addition

3.2 NAME

Jeffrey A. Whitman

3.3 STREET ADDRESS

7310 West Granada Boulevard

3.4 CITY-ST-ZIP

Miramar, Florida 33023

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99 305 9312267

Date Daytime Phone #

CR2E034 (1/98)