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

DOCUMENT # P98000023254

DENNIS STEWART, P.A.

	oreman, care						
Principal Place of Business Mailing Address							4,,,, 0,0,,,00,
312 SOUTHEAST 17TH STREET 312 SOUTHEAST 17TH STRE			ET				
SECOND FLOOR SECOND FLOOR			_		DO NOT WRITE IN	TUIC CDACE	
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316			6		DO NOT WRITE IN	INIS SPACE	
					3. Date Incorporated or Qualifed 03/11/1998	·	
Principal Place of Business 2a. Mailing Address					4. FEI Number	. Ap	plied For
26		26			65-082017	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
27		27			3. Continuate of States Desired	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		10		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent	
CORPORATION SERVICE COMPANY			81		DENNIS STEWART		
1201	1 HAYS STREET		82	Street Add	ress (P.O. Box Number is Not Acceptable) 312 SE 17th Street, 2nd	Floor 1	المتواجعة
TALLAHASSEE FL 32301-2525			83		24 (a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	received the con-	
			84	City	Ft. Lauderdale, FL	FL 85 Zip (Code 316
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	o named son	paration cultimite this statement for the nurno	se of changing its	registered gistered
agent. I a	am familiar with, and accept the policy	tions of, Section 607.0505, Florio	da Statutes		ion's board of directors, I hereby accept the a		
SIGNATURE	110XH	DENNIS	STEWAL	RT, Pre	s. 2/11/99		
OIGHTTORE	Signature, typed or printed name of registered agen	,	-5	nt signature require	ed when reinstating) DAT		DC IN 40
12.			13.	- 1	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	Addition
TITLE			1.1 TITLE			Criange	L. Addition
NAME	STEWART, DENNIS						
STREET ADDRESS	0.2 00011.2101 211.21		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	☐ DELETE 2.1 T		2.1 TITLE			☐ Change	☐ Addition
NAME	221		2.2 NAME				
STREET ADDRESS			2.3 STREET	TADDRESS			
CITY-ST-ZIP	l		2. 4 CITY-S	ST-ZIP	-	<u> </u>	
TITLE	☐ DELETE 3.1		3.1 TITLE		•	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY- 8	ST-ZIP	<u> </u>		
TITLE	☐ DELETE 4.		4.1 TITLE		·	Change	☐ Addition
NAME	4.9		4. 2 NAME.	,			
STREET ADDRESS			4.3 STREE	TADDRESS			
CIP# ST-ZIP		•	4.4 CITY-S		•		
TITLE		: DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME	·		5.2 NAME		•		,
STREET ADDRESS			5.3 STREE	TADORESS			
	J		5.4 CITY-S	T-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	1		6.2 NAME			•	
INVINE	1		-				

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS STEWART

2/11/99

Date

954-767-6333

Daytime Phone #

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90067 014 ***150.00