

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 014 ***450.00

DOCUMENT # P98000040817 ✓ok
1. Corporation Name

Principal Place of Business Mailing Address
26275 SW 197th Ave
Homestead, FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5-6-98

4. FEI Number 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 26275 SW 197th Ave 26 26275 SW 197th Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Homestead FL 27 Homestead FL

City & State City & State

23 33031 25 USA 29 33031 30 USA

Zip Country Zip Country

9. Name and Address of Current Registered Agent

John K. Peek
26275 SW 197th Ave
Homestead FL 33031

10. Name and Address of New Registered Agent

81 Name MARK ROBERTS

82 Street Address (P.O. Box Number is Not Acceptable)
1509 DODD ROAD

83

84 City WINTER PARK FL 85 Zip Code 32792

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 (NOTE: Registered Agent signature required when reinstating) DATE 4/30/99

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | <u>PRESIDENT/Secretary</u> <input checked="" type="checkbox"/> DELETE |
| NAME | <u>John K. Peek</u> |
| STREET ADDRESS | <u>26275 SW 197th Ave</u> |
| CITY-ST-ZIP | <u>Homestead FL 33031</u> |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <u>MARK Roberts</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | <u>President/Secretary</u> |
| 1.3 STREET ADDRESS | <u>1509 DODD Road</u> |
| 1.4 CITY-ST-ZIP | <u>WINTER PARK, FL 32792</u> |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | <u>Tom Durant</u> |
| 2.3 STREET ADDRESS | <u>V. President/Tresury</u> |
| 2.4 CITY-ST-ZIP | <u>4280 N.W. 55 Drive</u> <u>COCONUT CREEK FL 33073</u> |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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] DATE 4/30/99 DAYTIME PHONE # 305-248-6323

CR2E034 (1/198)