COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT# P98000046330

DAVIS & JONES, P.A.

ncipal Place of Business

Mailing Address

**FADDRESS** 

## **FILED** Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90014 004 \*\*\*550.00



SAN REMO AVE. STE 225 AL GABLES FL 33146		1500 SAN REMO AVE. STE 225 CORAL GABLES FL 33146		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified 05/20/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
		26			65-0836779	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year		
	25 25 Company Address of Communication	29  	30		Intangible Personal Property.	Yes No	
	9. Name and Address of Curre	it Registered Agent		81 Nami	10. Name and Address of New Registe	rred Agent	
JON	ES, JESSE C			OT REITH	•		
	SAN REMO AVE, STE 225			82 Stree	t Address (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33146		}	83			
			ŀ	84 City		85 Zip Code	
					<u></u>	FL   S   E   S   S   S   S   S   S   S   S	
office or	t to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change wa	is authorized	by the co	corporation submits this statement for the purpose operation's board of directors. I hereby accept the a	of changing its registered ppointment as registered	
NATURE					ture required when reinstating) DA		
	Signature, typed or printed name of registered age	ID DIRECTORS	13.	ed Agent signa	ture required when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS		
	D	DELETE	1.1 TH	LF.	PITID	Change Addition	
	DAVIS, RICHARD M		1.2 NA		, , , , , 2	Citalige 23 Addition	
:T ADDRESS	5531 RIVIERA DR			EET ADDRESS			
ST-ZIP	CORAL GABLES FL 33146			Y-ST-ZiP			
	D	DELETE	2.1 TIT		V/5/D	Change Addition	
	JONES, JESSE C	,	2.2 NA	ИE	1.7072		
:TADDRESS	7605 SW 125TH ST		2.3 STA	EET ADDRESS			
iT-ZiP	PINECREST FL 33156-6009	•	2.4 CIT	Y-ST-ZIP			
		DELETE	3.1 TIT	LΕ		Change Addition	
			3.2 NA	<b>JE</b>			
TADDRESS		•	3.3 STR	EET ADDRESS			
T-ZIP		<u></u> -	3.4 CIT	Y-ST-ZIP			
ļ		DELETE	4.1 TITI	.E		Change Addition	
			4.2 NA	_	)		
TADDRESS				EET ADDRESS			
T-ZIP				Y-ST-ZIP			
ĺ		DELETE	5.1 TITI			Change Addition	
FADDOTOS			5.2 NAA				
FADDRESS !				EET ADDRESS	}		
r-ZIP			5.4 CIT	r-ST-ZiP			
		DELETE	6.2 NAA			Change Addition	
			0.2 NAN	IC.	<b>F</b>		

6.4 CITY-ST-ZIP 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 idicated 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 notificer 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 I Block 12 or Block 13 if changed, or on an attachment with an address.

PRICHARD M. DAVIS 9/3/99 (305)665-5758 **SNATURE:** 

6.3 STREET ADDRESS