04081999-90009-014-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🐣

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # P98000046956 CORPORATE SECRETARIAL SERVICES, INC. | | | 20724/1 - 20002 - 40 | | |
|--|--|--|---|---|-----------------|
| Principal Place of Business | Mailing Address 7905 NW 19TH COURT | | THE STATE OF THE STATE OF THE STATE | ##### ##### ########################## | i |
| MARGATE FL 33063 MARGATE FL 33063 | | | DO NOT WRITE IN THIS | SPACE | |
| | | | 3. Date Incorporated or Qualifed | | |
| į | | | 05/27/1998 | | |
| 2. Principal Place of Business | 2a, Mailing Address | | 4. FEI Number | Applied For | |
| 21 | _ 28 ONE_ FIN | ANCIAL PLAZI | 4 65-0840228 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 3-1 | - 5. Certificate of Status Desired - | _\$8.75_Additional | ٠ |
| 22 | | 3020 | | \$5.00 May Be | |
| City & State | City & State | ortile FL | Election Campaign Financing Trust Fund Contribution | Added to Fees | |
| Zip Country | Zip Zip | Country | 8. This corporation owes the current year In | tangible | |
| Zip | 29 33394 30 | 7 400 | Personal Property Tax. | ☐ Yes YUNO | |
| 9. Name and Address of Current | | | 10. Name and Address of New Registered | Agent | |
| | | 81 Name | | , | |
| CASTRO, SANDRA G | | B2 Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| 7905 NW 19TH COURT | | | | | |
| MARGATE FL 33063 | | 83 | | | |
| | | 84 City | FL | 85 Zip Code | |
| | The state of the s | <u> </u> | Leavision extensite this statement for the DUDOSE of | changing its registered | |
| 11. Pursuant to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes. N/ Florida Such change was auth | orized by the corporation | on's board of directors. I hereby accept the appo | intment as registered | |
| | | , | 517 5 DODING OF GITOUE | | |
| agent. I am familiar with, and accept the obligat | ione of Section 607.0505, Florida | Statutes. | oration submits this statement for the purpose of on's board of directors. I hereby accept the appo | 99 | |
| SIGNATURE SOMMON (CALL) | <i>/\fr</i> | Statutes. | d when reinstating) | | € |
| | and the if epplicable. (NOTE: Re | | | ND DIRECTORS IN 12 | (1/98) |
| SIGNATURE Signatura, typed or printed name of registrated agent 12. OFFICERS ANI | and the if epplicable. (NOTE: Re | galared Agent algrebus requires | d when reinstating) | | 4 (11/98) |
| SIGNATURE Signatura, bypad or privad name of registrated agent 12. OFFICERS ANI TIME Director | I ard tide if applicable. (NOTE: Re. D DIRECTORS | gistarred Agent algreture required | d when reinstating) | ND DIRECTORS IN 12 | (11/98) |
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| SIGNATURE Signature, typad or privad reaso of registrated agent 12. OFFICERS ANI TITLE NAME STREET ADDRESS CITY-ST-ZP Margate FL | MATINIA STREET OF STREET O | 13. 1.) TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | d when reinstating) | ND DIRECTORS IN 12 | CR2E034 (11/98) |
| SIGNATURE Signature, typad or privad name of registrated agent 12. OFFICERS ANI TITLE DIFFECTOR SANDTA G. Castr 7905 NW 19th C TITLE MARGATE FL TITLE DIFFECTOR | D DIRECTORS DOUGH | 13. 1.) TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | d when reinstating) | ND DIRECTORS IN 12 | CR2E034 (11/98) |
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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.

6.4 CITY-ST-ZIP

COMMON CONTROLL CURRED

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90009 014 ***150.00