

SECOND 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

DOCUMENT # P98000049344

1. Corporation Name

CORAL SPRINGS VENTURE IV, INC.

Principal Place of Business

3204 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065

Mailing Address

3204 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065

FILED

99 NOV 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

65-0845462

Applied Fee

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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCOTT, RICHARD L
3204 CORAL RIDGE DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

8240 NW 24th St., #307

84 City

Coral Springs

FL

85 Zip Code

33068

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

Richard L. Scott, President 11/8/99

Signature, typed or printed name of registered agent; and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCOTT, RICHARD L
STREET ADDRESS 3204 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE

NAME CAPWELL, ANGELA J
STREET ADDRESS 3204 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8240 NW 24th St., #307

1.4 CITY-ST-ZIP N. Lauderdale, FL 33068

2.1 TITLE VP, D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10772 La Placida Dr., #104

2.4 CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA J. CAPWELL

Date

Daytime Phone #

11/8/99 954-755-2464

CR2E034 (5/99)