PROFIT -CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000055137

SOUTH FLORIDA FACILITIES CORPORATION

300m	TEORIBA FAOILITIES SOIII		<u>.,,</u>				
Principal Place	e of Business	Mailing Address					
19612 S.W. 69TH PLACE 19612 S.W. 69TH PLACE							
FORT LAUDERDALE FL. 33332 FORT LAUDERDALE FL. 3333					DO NOT WRITE IN TH	IIS SPACE	
•					3. Date incorporated or Qualifed	10 01 7.02	
					06/19/1998		
		La Baltina Address			4 EEI Number	An	plied For
	tace of Business	2a. Mailing Address			65 - 0853664	<u> </u>	t Applicable
21		Suite, Apt. #, etc.			<del> </del>	\$8.75 A	
Suite, Apt.	#, etc.				5. Certificate of Status Desired	Fee Re	
22	- 1	City & State	••••		6. Election Campaign Financing	\$5.00	May Be
City & Stat		28			Trust Fund Contribution	Added t	o Fees
23 Zin	Country	Zip	Coun	trv	8. This corporation owes the current year	Intangible	
Zip		29	30	-,	Personal Property Tax.	Yes	<b>⊠</b> No
24	9. Name and Address of Current		1301		10. Name and Address of New Register	ed Agent	
	y, name and reduces of Children	· configuration on colleges	<del></del>	31 Name			
w∩ı	RKMAN, B T		Ľ	1			
		[*	32 Street Ad	dress (P.O. Box Number Is Not Acceptable)			
	12 S.W. 69TH PLACE IT LAUDERDALE FL 33332		l l	33			
1011	T DADDLIDACE TE COOL		ľ	-			
			17	B4 City	F	95 Zip C	Code ·
	·				rporation submits this statement for the purpose tilon's board of directors. I hereby accept the ap		registered
SIGNATURE	Signature, typed or printed marine of registered egent	t and title if applicable. (NOTI	É: Registered A		(red when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	[7] Change	Addition
TITLE	D	DELETE	1.1 和0.	l.		المراجعة ال	
NAME	WORKMAN, B T	25%	1.2 NAV				
STREET ADDRESS		20%		EET ADDRESS			
CTTY+ST+ZIP	FORT LAUDERDALE FL 33332		1.4 CITY	r-5T-ZIP			
TITLE	D					ClChange	☐ Addition
NAME	I DEDOEDON LONNIE N	☐ OELETE	2.1 TTU	_		Change	Addition
IVINC	BERGERON, LONNIE N	<del>_</del>	22 NAM	E	1.11.41.4	Change	Addition
STREET ADDRESS	ACCOUNT OF LOT	25 7s	22 NAM	_	1.11.41.4	Change	Addition
_	ACCOUNT OF LOT	25%	22 NAM 23 STR 2.4 CIT	EET ADDRESS Y-ST-ZIP	·	<u> </u>	<u>-                                      </u>
STREET ADDRESS	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D	<del>_</del>	22 NAW 23 STR 2.4 CIT 3.1 TITL	EET ADDRESS y.st-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D BERGERON, RONALD M JR.	25 %	22 NAV 23 STR 2.4 CIT 3.1 TITL 32 NAV	EETADORESS Y-ST-ZIP	·	<u> </u>	<u>-                                      </u>
STREET ADDRESS CITY-ST-ZIP TITLE	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D BERGERON, RONALD M JR. 19612 S.W. 69TH PLACE	25%	22 NAV 23 STR 2.4 CIT 3.1 TITL 32 NAV 3.3 STR	E EET ADDRESS Y. STZIP E EET ADDRESS	·	<u> </u>	<u>-                                      </u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D BERGERON, RONALD M JR.	25 % DELETE 25-%	22 NAM 23 STR 2.4 CIT 3.1 TITL 32 NAM 3.3 STR 3.4 CIT	E EET ADDRESS Y. ST. ZIP E EET ADDRESS Y. ST. ZIP		Change	. Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D BERGERON, RONALD M JR. 19612 S.W. 69TH PLACE	25 %	22 NAW 23 STR 2.4 CST 3.1 TITL 32 NAW 1.3 STR 3.4 CST 4.1 TITL	EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP E		<u> </u>	<u>-                                      </u>
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332 D BERGERON, RONALD M JR. 19612 S.W. 69TH PLACE FORT LAUDERDALE FL 33332	25 %  DELETE  25%	22 NAM 23 STR 2.4 CST 3.1 TITL 32 NAM 3.3 STR 3.4 CST 4.1 TITL 4.2 NAM	E EET ADDRESS  Y. STZP  E  EET ADDRESS  Y. STZP  E  EET ADDRESS  Y. STZP  E		Change	. Addition
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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 807. 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: .

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

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Apr 23, 1999 8:00 am Secretary of State

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