FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055266

1. Corporation Name

PROVIDENCE INVESTMENT, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90038 031 ***158.75



					<u> </u>		DINE DE LEGI
Principal Place	e of Business	Mailing Address					
3360 DAVIE BLVD. FORT LAUDERDALE FL 33312 3360 DAVIE BLVD. FORT LAUDERDALE FL 33312		3360 DAVIE BLVD. FORT LAUDERDALE FL 33312	2		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	HOL	
					06/19/1998		
2. Principal Di	lace of Business	2a. Mailing Address			4. FEI Number	I An	plied For
	ace of business	26			65-0846475		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5: Certifcate of Status Desired	Fee Re	quired
City & State	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	rees Fees
Zip	Country	Zip	_ Countr	у	8. This corporation owes the current year Inta		47 1
24	25	29 3	0		1 district 1 sperty 1 and	Yes	XINo_
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
MAD	CELLE MANDA P		8	I Name			
MARCELLE, WANDA K 3360 DAVIE BLVD. FORT LAUDERDALE FL 33312			82	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
				<u></u>			_
FUR	I LAUDENDALE LE 30015		8:	1			
			84	\$ City	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 0502	2 and 607,1508, Florida Statutes	, the abov	ve-named co	rporation submits this statement for the purpose of o	hanging its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth	norized by	v the corpora	tion's board of directors. I hereby accept the appoin	ment as re	gistered
SIGNATURE		ALOTE D			uired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Age	en signature redu	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS OF A COLOR OF THE COL	☐ Change	Addition
NAME	MARCELLE, WANDA K	<u> </u>	1.2 NAME	i		- •	
STREET ADDRESS	3360 DAVIE BLVD.			ET ADDRESS			
_	FORT LAUDERDALE FL 33312		1.4 CITY-	•			
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SMITH, BEVERLY		2.2 NAME				
STREET ADDRESS	3360 DAVIE BLVD.			ET ADDRESS			
	FORT LAUDERDALE FL 33312		2.4 CITY-		٠ - ند هم	-	
CITY-ST-ZIP TITLE	TOTAL ENOUGHDALE I E 000 12	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		_	3.2 NAME				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	<u> </u>			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		*	4.4 CITY-				
TITLE			5.1 TITLE			☐ Change	Addition
NAME		☐ DELETE					
		☐ DELETE	5.2 NAME	:]	•		
		☐ DELETE	5.2 NAME	ET ADDRESS	•		
STREET ADDRESS		☐ DELETE	5.2 NAME	ET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP		Change	Addition
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP	1.41.400.00	Change	☐ Addition

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: <

346-9510