**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90117 049 \*\*\*150.00

1. Corportation is	ENT # P98000 LOWERS, INC.	<b>056</b> 93	1									
Principal Place of	f Business	Mailing Add	Iress				(88)  891   10	EIDI IDIII ODFIL DƏ		\$11  \$ B() 0 (B(8)	11681 1181 1981	
•	AS BLVD., SUITE 950	450 EAST LA	AS OLAS BL\'D	SUITE 950								
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301												
						-		DO NOT WRI	TE IN THIS	SPACE		ļ
							3. Date Incorporate	or Qualifed				l
5. D-ii \ D		2a. Mailing	Address				06/24/1998 4. FEI Number			Δn	plied For	İ
2. Principal Place		2a. Mailing	Address					16970	P	<u> </u>	1 Applicable	
21 705 N Suite, Apt. #, 6			pt. #, etc.			$\dashv$		_		\$8.75		İ
22	<del></del> -	27	•				<ol><li>Certificate of Sta</li></ol>	tus Desired		Fee Re	quired	İ
City & State		City & S	State				6. Electic n Campai	gn Financing		\$5.00	May Be	
23 FT, LAI	UNERPHLE AL	28					Trust Fund Cont	ribution		Added t	o Fees	
Zip	Country	Zip		Country			8. This corporation	owes the curr	ent year In		-/	İ
24 33 <del>3</del> 04	1 25 JSA	29		30			Personal Proper			Yes	XNo	
	9. Name and Address of Curren	Registered Ag	ent	81			10. Name and Add	ress of New F	Registered	Agent		ł
RICHARDSON, GEX F 450 EAST LAS OLAS BLVD., SUITE 950 FORT LAUDERDALE FL 33301						dres	YIN C. s (P.O. Box Number S N.E Zo	ANDE is Not Accepta				
				84			MOERN		FL	_   33	304	
11. Pursuant to t office or regis agent. I am f	the provisions of Sections 607.050; stered agent, or both, in the State amiliar with, and accept the obligat	and 607.1508, of Florida. Such ons of, Section	Florida Statute change was au 607.0505/Nor	es, the above uthorized by rida Statutes	-named co the corpora	rpora ation's	ation submits this states board of tirectors.	tement for the I hereby accep	purpose of the applo	f changing its intment as re	⊧egistered gistered	
SIGNATUF:E	nature typed or hymled name of registered ag		1-10-be	Repustered Agen	signature reg	ured w	hen reinstating)	<u> </u>	DATE 1	9		١,
12.		D DIRECTORS	1 CHCKEN	13.			ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECTO	RS IN 12	3
TITLE			DELETE	1.1 TITLE		Dr	raidint			Change	Addition	1
NAME			1.		1.2 NAME		rin C. An	derso	<u>~</u>		•	;
STREET ADDRESS	•.	!		1.3 STREET	1.3 STREET ADDRESS 2		WINE 28					ì
CITY-ST-ZIP		•		1,4 CITY-ST			+ Lauden		43	3306		
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NAME				2.2 NAME			values G	Ander	~ d~		• •	ŀ
STREET ADDRESS	* * * *	14		2.3 STREET	I .	_	DE INE	18 5t	get.			
CITY-ST-ZIP	-			2. 4 CITY-S	T-ZIP	1	+ ander	dale.	FC 3	33306		1
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CITY-ST-ZIP				3.4. CITY-S	T-ZIP							
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CITY-ST-ZIP				4.4 CITY-ST	-ZIP							
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NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET	ADDRESS							
CITY-ST-ZIP				5.4 CITY-\$1	- ZIP							-
TITLE			DELETE	6.1 TITLE						Change	☐ Addition	
NAME				6.2 NAME								
STORET ADDOLSS				6.3 STREET	ADDRESS							1

14. I heret y certify that the informa ion 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 coport tion 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 chapter, or on an attactment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP