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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058098

Corporation Name

TIM & COMPANY, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90128 010 ***150.00



Mailing Address Principal Place of Business 1663 MICHIGAN AVENUE 1663 MICHIGAN AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 28 Trust Fund Contribution 23 Country Country Zip Zip This corporation owes the current year Intangible □No 30 Personal Property Tax 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name QUICK, TIM Street Address (P.O. Box Number is Not Acceptable) 1663 MICHIGAN AVENUE MIAMI BEACH FL 33139 83 Zip Code 84 85 City 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 Signature, typed or printed name of registered agent and title if applicable INQ (F. Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE: ☐ Addition 1.1 TITLE TITLE D 1.2 NAME QUICK, TIM NAME 1663 MICHIGAN AVENUE 13 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 14 CITY-ST-ZiP CITY-ST-ZIP ☐ Addition DELETE. 2 : TITLE Change TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIF CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE THUE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY ST ZIP DELETE ☐ Change [F] Addition 4.11111.8 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5 FITTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 1 CITY - ST-ZIP CITY-ST-ZIP Change ☐ DELETE 6.1 TITLE Add tion TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 54 CIT ST-Z/P 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. Flurther 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 logal 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 address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF THE PRINTED NAME OF THE

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