

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

FILED

99 DEC 21 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000059347
1. Corporation Name Four Seasons-Elegant Corporation

Principal Place of Business Mailing Address
8501 NW 198 ST
HiALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
APRIL 29 1999

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25	Country	Zip
26	Country	Country

4. FEI Number	Applied For
<u>65 0407563</u>	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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GLENDIA JOHNSON
3601 WEST 4 AVENUE
HALEAH, FLA 33012

10. Name and Address of New Registered Agent
81 Name GLENDIA JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable)
8501 NW 198 ST
83 HALEAH, FLA 33015
84 City FL 85 Zip Code

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 GLENDIA JOHNSON, PRESIDENT Glendia Johnson 11/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>Vice President</u>	<input type="checkbox"/> DELETE
NAME	<u>Alexander Johnson</u>	
STREET ADDRESS	<u>15476 NW 72 CT # 252</u>	
CITY-ST-ZIP	<u>Miami Lakes FL 33016</u>	
TITLE	<u>President</u>	<input type="checkbox"/> DELETE
NAME	<u>Glendia P. Johnson</u>	
STREET ADDRESS	<u>8501 NW 198 ST</u>	
CITY-ST-ZIP	<u>HALEAH FL 33015</u>	
TITLE	<u>Vice president</u>	<input type="checkbox"/> DELETE
NAME	<u>Nora Johnson</u>	
STREET ADDRESS	<u>445 West 51 PL # 607</u>	
CITY-ST-ZIP	<u>HALEAH FL 33012</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Glendia Johnson 11-21-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #