## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STANE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POROGORAGE 74

Principal Place 7686 WILES RO CORAL SPRING	ANAGEMENT, INC.  o of Business  AND	Mailing Address 7696 WILES ROAD CORAL SPRINGS FL 3306		DO NOT WRITE IN TH	
		2a. Mailing Address		07/09/1998	Applied For
2. Principal Pi	ace of Business	2a. Mailing Address		65-086935Y	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e -	City & State		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	nel Name	10. Name and Address of New Registere	d Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GARLES FL 33134  81 Name Jac 82 Street Addres 63 53				ares IC/1. les dress (P.O. Box Number is Not Acceptable)	
		//	84 City Co	ral Springs F	L 85 Zip Code 7
1	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and secting the obligation	2 and 607.1508, Florida Sight of Plorida, Such Charge yes logs of Seption 697,0508, Fl	fies, the above-named cor authorized by the corporal orida Statutes.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	or changing its registered pointment as registered
SIGNATURE	Signature, proof graffitied name of registered agent	<i></i>	E: Registered Agent signature requi		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PSD	DELETE	1.1 TMLE	•	AND DIRECTORS IN 12 Change Addition
NAME	MILES, JAMES R		1.2 NAME		8
STREET ADDRESS	7688 WILES ROAD		1.3 STREET ADDRESS		12
CITY-ST-ZIP	CORAL SPRINGS FL 33067	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITUE	VTD	□ berete	21 TITLE		
NAME	FUTTERMAN, ALLAN W		2.2 NAME		
STREET ACCRESS	7686 WILES ROAD		2.3 STREET ADDRESS		
CITY-91-ZIP	CORAL SPRINGS FL 33067	OELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		Commit	3.2 NAME		_
NAME	•		33 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		j
TITLE		[] DELETE	4.1 TIPLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
) '			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			8.3 STREET ADDRESS		
CITY OF 200			6.4 CITY-ST-ZIP		1

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 of true 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 attach many mith an address, with all other like empowered.

SIGNATURE: (

**FILED** May 05, 1999 8:00 am Secretary of State 05-05-1999 90009 033 \*\*\*150.00

≡:

₩: =::