## 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90136 022 \*\*\*150.00

## DOCUMENT # P98000060997

1. Corporation Name

TUSTIN AND COMPANY, INC.

Principal	Place of Busi
9506 SO.	RED ROAD
MIAMI EL	33156

Mailing Address

9506 SO. RED ROAD MIAMI FL 33156

	,		

DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed -07/09/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0848774 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip ☐ Yes Personal Property Tax 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TUSTIN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 82 9506 SO. RED ROAD MIAMI FL 33156 83 Zip Code 85 84 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	required when reinstating)	DATE	<del></del>	
12	OFFICERS AND DIRECTORS	_13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	TUSTIN, GEORGE	1.2 NAME				
STREET ADDRESS	9506 SO. RED ROAD	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP				
TITLE	DELETE	2.1 TITLE		☐ Change	☐ Addition	
· NAME		2.2 NAME				
STREET ADDRESS	( - )	2.3 STREET ADORESS	-			
CITY-ST-ZIP	and the same of th	2. 4 CITY-ST-ZIP				
TITLE 5	☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME *		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS			•	
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4, 2 NAME	-			
STREET ADDRESS		4.3 STREET ADDRESS			'	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<b>4</b>		
TITLE,	DELETE	5.1 TITLE		☐ Change	Addition	
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY IST-ZIP		5.4 CITY-ST-ZIP		·	-	
TITLE	DELETE	6.1 TITLE			☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS			,	
CITY-ST-ZIP		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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

\$13-645-5262-Davlime Phone #