## **FILED** Mar 09, 1999 8:00 am Secretary of State

## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

	1999		DIVISION OF CO			(	) <b>3-</b> 09-1999 9011	19 040 ***	158.75	
i. Corporation	MENT # P98 MENTERPRISES IN		5149			I delien de de				
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Principal Place	e of Business		ling Address			]				
1551 N.E. 167	\$T., APT, 107 Beach fl 33162		n.e. 167 St., apt. 107 Th Miami Beach FL 331	162						
NUHTH MIAMI	BEACH FL 33162	NON	ITH MINIMI DENGTI FE 331	102		D	O NOT WRITE IN TH	IS SPACE		
	•					3. Date Incorporated	or Qualifed			
						07/20/1998			-C-d Pag	}
2. Principal P	lace of Business	<u> </u>	Mailing Address			4. FEI Number	860016	<b>II</b>	plied For t Applicable	1
21	4 44	26	Suite, Apt. #, etc.			000	300010	\$8.75		
Suite, Apt.	#, 81C.	27	Solia, Apr. #. etc.			5. Certificate of Statu	s Desired	Fee Re		1
City & State	<del></del>		City & State			6. Election Campalgo	n Financing	\$5.00	May Be	
23		28				Trust Fund Contri	bution	Added t	o Fees	ı
Zip	Country		Zip	Cour	try		wes the current year			
24	25	29	30	0		Personal Property		☐ Yes	□No	ł
	9. Name and Address	of Current Registe	ered Agent		81 Name	10. Name and Addre	es of New Registers	a Agent		1
WES	STON, ROBERT S			1	o i racitie					}
	N.E. 167 ST., APT. 10	17			82 Street	Address (P.O. Box Number is	Not Acceptable)			ĺ
	TH MIAMI BEACH FL 3			ŀ	83					1
1				1			<u> </u>			ł
,					84 City		F	L 85 Zip (	Code	
11. Pursuant	to the provisions of Section	ns 607,0502 and 607	7.1508, Florida Statutes,	the at	ove-named	corporation submits this state	ment for the purpose	of changing its	registered	
11. Pursuant office or reagent. I a	to the provisions of Section egistered agent, or both, in m familiar with and accep	ns 607,0502 and 607 in the State of Florida it the obligations of, S	7.1508, Florida Statutes, Such change was auth Section 607.0505, Florid	the at norized a Statu	ove-named by the corporates.	corporation submits this state tration's board of directors. I	ment for the purpose hereby accept the app	of changing its pointment as re-	registered gistered	
agent. I a	to the provisions of Section egistered agent, or both, in m familiar with and accep	ns 607.0502 and 607 n the State of Florida t the obligations of, S	Section 607.0505, Flonds	a Siail	1.65.			of changing its pointment as re-	registered gistered	
agent. I a	m tamiliar yath and accep	registered agent and bits if a	opplicable (NOTE Ra	gistered .	1.65.	equired when reinstating)	DATE	03/2/9	9-	(g)
SIGNATURE,	Signature, typed or printed name of	the colligations of,	applicable [NOTE. Ra	gislered .	Agent signature r	equired when reinstating)		O3/2/1	9 RS IN 12	11/98)
SIGNATURE, 12.	Signature, typed or printed name of OFF	registered agent and bits if a	opplicable (NOTE Ra	13.	Agent signature n	equired when reinstating)	DATE	03/2/9	9-	4 (11/98)
SIGNATURE, 12. TITLE NAME	Signature, typed or printed name of OFF  D  WESTON, ROBERT S	registered agent and bits if a	applicable [NOTE. Ra	13.	kgent signature r LE	equired when reinstating)	DATE	O3/2/1	9 RS IN 12	=034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	applicable [NOTE. Ra	13. 1.1 TII 12 NA 1.3 STI	Agent signature in	equired when reinstating)	DATE	O3/2/1	9 RS IN 12	R2E034 (11/98)
SIGNATURE, 12. TITLE NAME	Signature, typed or printed name of OFF  D  WESTON, ROBERT S	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	applicable [NOTE. Ra	13. 1.1 TII 12 NA 1.3 STI	Reet ADDRESS Y-ST-ZIP	equired when reinstating)	DATE	O3/2/1	9 RS IN 12	CR2E034 (11/98)
SIGNATURE,  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	ipplicable (MOTE. Rs. TORS	13. 1.1 TII 12 NA 1.3 STI 1.4 CII	LE LE REET ADDRESS Y-ST-ZIP	equired when reinstating)	DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	ipplicable (MOTE. Rs. TORS	13. 1.1 TIT 12 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	LE LE REET ADDRESS Y-ST-ZIP	equired when reinstating)	DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	pplicable (NOTE Re- TORS DELETE	13. 1.1 TII 12 NA 1.3 STI 1.4 CII 2.1 TIII 2.2 NA 2.3 STI	LE  ME REET ADDRESS Y-ST-ZIP LE	equired when reinstating)	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	ipplicable (MOTE. Rs. TORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT	Agent Rightsture in LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS REET ADDRESS Y-ST-ZIP	equired when reinstating)	DATE	AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	pplicable (NOTE Re- TORS DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Agent Rignature r LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	equired when reinstating)	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CR2E034 (11/98)
SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	pplicable (NOTE Re- TORS DELETE	13. 1.1 III 12 NA 1.3 STI 1.4 CII 2.1 IIII 2.2 NA 2.3 STI 3.2 NA 3.3 STI	Agent Rightline in LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE REET ADDRESS	equired when reinstating)	DATE	AND DIRECTO Change Change	RS IN 12 Addition	CR2E034 (11/98)
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SIGNATURE,  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of OFF  D  WESTON, ROBERT S  1551 N.E. 167 ST., A	regulated agent and tide if a FICERS AND DIRECT TO THE PROPERTY OF THE PROPERT	DELETE  DELETE  DELETE	13. 11 TIT 12 NA 13 STI 14 CIT 17 TIT 22 NA 23 STI 24 CIT 32 NA 33 STI 44 CIT 52 NA 53 STI 55 NA 56 STI	AGENT ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	

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 artischment with an address, with all other like empowered.

64 CITY-ST-ZP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

03/02/99 305-947-5112

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