

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
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90043 045 ***150.00

DOCUMENT # **P98 0000 70026**

1. Corporation Name

1007 DUVAL STREET CORPORATION

Principal Place of Business

Mailing Address

**10211 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

2. Principal Place of Business

2a. Mailing Address

21 10211 W. SAMPLE ROAD

26

Suite, Apt. #, etc.

22 SUITE 211

27

Suite, Apt. #, etc.

23 CORAL SPRINGS, FL

28

City & State

24 33065

25

Country

Country

4. FEI Number

Applied For

☒ 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 Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETER P. PARISI, CPA
2832 NE 21ST COURT
FT. LAUDERDALE, FL 33305**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PETER P. PARISI

4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D/P
ELI JEAN
12079 N.W. 1ST STREET
CORAL SPRINGS, FL 33065**

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

2.4 CITY-ST-ZIP

STREET ADDRESS

3.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

3.2 NAME

TITLE ☐ DELETE

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

5.4 CITY-ST-ZIP

STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition

CITY-ST-ZIP

6.2 NAME

TITLE ☐ DELETE

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND WORD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELI JEAN PRESIDENT

4/29/99 (954) 565-1188