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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070055

Corporation Name

CAUSEY EQUIPMENT REPAIR, INC.

D.B.A. Artistic Equipment Repair

Principal Place of Business

1280 NW 12TH STREET PLANTATION FL 33323

Mailing Address

11280 NW 12TH STREET PLANTATION FL 33323

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90013 003 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/11/1998 FEI Numbe Applied For 2a. Mailing Address 2. Principal Place of Business -0856488 Not Applicable 10791 N.W.53 26 **\$8.75** Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees 28 Country Country Žip This corporation owes the current year Intangible Yes U.S.A. ΠNo Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAUSEY, CURTIS L Street Address (P.O. Box Number is Not Acceptable) 82 11280 NW 12TH STREET PLANTATION FL 33323 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE TITLE PID 1.2 NAME CAUSEY, CURTIS L NAME 1.3 STREET ADDRESS 11280 NW 12TH STREET STREET ADDRESS **PLANTATION FL 33323** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 21 TITLE TITLE SITID 2.2 NAME CAUSEY, WENDY K NAME **11280 NW 12TH STREET** 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33323** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition_ ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CiTY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE

Wendy F. Causey We Dr. Causey
GHATURE AND TYPED OR PRINTED NAME OF SYCHING OFFICER OR DIRECTOR

5 99 954-572-2516