## 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

## DOCUMENT # P98000075963

FLORIDA TV & GROUTING, INC.							
Principal Place of Business Ma	ailing Address				<b>00</b> %11   <b>1000</b> 1 <b>  1</b> 714   1041		
	11 NW 52ND STREET						
	RT LAUDERDALE FL 33309	9					
				DO NOT WRITE IN	THIS SPACE		1
				3. Date Incorporated or Qualifed 09/01/1998			}
2. Principal Place of Business 2a.	Mailing Address			4. FEI Number	<del></del>	pplied For	
21 26				8012080 -29		ot Applicable	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional_	
22 27	0'1- 0 01-1-				<del></del>	equired	1
City & State	City & State		<u> </u>	6. Election Campaign Financing  Trust Fund Contribution		May.Be to Fees	-
Zip Country 28	Zip .	Country		<del></del>		. W I GGS	ì
Zip Country 24 25 29	2.ip .	<b>–</b>	,	<ol> <li>This corporation owes the current year</li> <li>Personal Property Tax.</li> </ol>	ar intaligible ☐ Yes	No	
9. Name and Address of Current Regis				10. Name and Address of New Registe			1
		81		<u> </u>			
Polselli, rudolph Jr		-	100				┨
1011 NW 52ND STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33309		83					1
		L			<b> 85</b> Zip	Code	Ì
						Code	
		84	City Ft.	landarde		25CE	
11. Pursuant to the provisions of Sections 607.0502 and 60	07.1508, Florida Statutes	the abov	Ft.	poration submits this statement for the purpor	FL 3	s registered	-
Pursuant to the provisions of Sections 607.0502 and 60 office or registered agent, or both, in the State of Florid agent Lam familiar with and exact the obligations of the section of the provisions of the provision of the	ia. Such change was auti	, the abov	e-named corp the corporation	poration submits this statement for the purpor	FL 3	s registered	-
office or registered agent, or both, in the State of Florid agent. I am familiar with and assept the obligations of	ia. Such change was auti	, the abov	e-named corp the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing it	s registered	 
office or registered agent, or both, in the State of Florid	da. Such change was auti Section 607.0505, Florid	, the abov horized by la Statutes	e-named corp the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a ad when reinstating)	se of changing it appointment as r	s registered egistered	
office or registered agent, or both, in the State of Florid agent. I am familiar with an expet the obligations of, SIGNATURE  Signature, typed or printed name of registered agent and title it  12. OFFICERS AND DIRE	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	the above the first the state of the state o	e-named corporations.	poration submits this statement for the purposon's board of directors. I hereby accept the about the statement of the purposon's board of directors. I hereby accept the about the statement of the purposon o	se of changing it appointment as r	s registered egistered ORS IN 12	
office or registered agent, or both, in the State of Florid agent. I am familiar with and easept the obligations of, SIGNATURE Signature, typed or printed name of registered agent and title if  12. OFFICERS AND DIRE  TITLE PTD	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	i, the abov horized by la Statutes registered Ages 13.	e-named corp the corporations.	poration submits this statement for the purposon's board of directors. I hereby accept the add when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	s registered egistered	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  Signature, typed or printed name of registered agent and title i  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	i, the above horized by la Statutes egistered Age 13.  1.1 TITLE 12 NAME	e-named corporations.	poration submits this statement for the purposon's board of directors. I hereby accept the add when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	s registered egistered ORS IN 12	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  Signature, typed or printed name of registered agent and title if  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  STREET ADDRESS 1011 NW 52ND STREET	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	i, the above horized by la Statutes egistered Age 13.  1.1 TITLE 12 NAME	e-named corporations.	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	s registered egistered ORS IN 12	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  Signature, typed or printed name of registered agent and title if  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	t, the above horized by la Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CfTY-S	e-named corporations.  In signature requires  T ADDRESS  TT-ZIP	poration submits this statement for the purposon's board of directors. I hereby accept the analysis of when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r S - S AND DIRECT Transparent	s registered egistered  ORS IN 12  Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309  VSD	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	i, the above horized by la Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	e-named corporations.  Int signature require	poration submits this statement for the purposon's board of directors. I hereby accept the analysis of when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	s registered egistered ORS IN 12	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  1011 NW 52ND STREET  FORT LAUDERDALE FL 33309  VSD  NAME BAL, GARY JR	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	equiting the above the received by the above the received by the above the received by the rec	e-named corporations.  It signature requires  T ADDRESS  T-ZIP	poration submits this statement for the purposon's board of directors. I hereby accept the analysis of when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r S - S AND DIRECT Transparent	s registered egistered  ORS IN 12  Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  11. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. OFFICERS AND DIRE  18. OFFICERS AND DIRE  19. OFFIC	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	equistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	e-named corp the corporations.  It signature requires  T ADDRESS  T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r S - S AND DIRECT Transparent	s registered egistered  ORS IN 12  Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with sad except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309  VSD  BAL, GARY JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309	da. Such change was auti Section 607,0505, Florid if applicable. (NOTE: R. CTORS DELETE	egistered Age  13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	e-named corp the corporations.  It signature requires  T ADDRESS  T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the analysis of when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with sad except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  1011 NW 52ND STREET  FORT LAUDERDALE FL 33309  TITLE VSD  NAME BAL, GARY JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309  TITLE TORTHON TO STREET  TORTHON TO STREET  TORTHON TO STREET  FORT LAUDERDALE FL 33309  TITLE FORT LAUDERDALE FL 33309	la. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 22 NAME 2.3 STREE 2.4 CITY-ITLE 3.1 TITLE	e-named corp the corporations.  It signature requires  T ADDRESS  T ADDRESS  ST-ZIP	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r S - S AND DIRECT Transparent	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with sad except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309  VSD  BAL, GARY JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309	da. Such change was auti Section 607,0505, Florid if applicable. (NOTE: R. CTORS DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.1 TITLE	e-named corp the corporations.  It signsture require  T ADDRESS T-ZIP  T ADDRESS ST-ZIP	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with sad except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  TITLE PTD  NAME POLSELLI, RUDOLPH JR  1011 NW 52ND STREET  FORT LAUDERDALE FL 33309  TITLE VSD  NAME BAL, GARY JR  STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309  TITLE TORTHON TO STREET  TORTHON TO STREET  TORTHON TO STREET  FORT LAUDERDALE FL 33309  TITLE FORT LAUDERDALE FL 33309	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R. CTORS DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.3 STREE 3.1 TITLE 3.1 TITLE 3.3 STREE	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and expet the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. STREET ADDRESS  17. ST. ZIP	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R CTORS DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as n	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. OFFICERS AND DIRE  18. OFFICERS AND DIRE  19. OFFIC	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R. CTORS DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 14 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-S 3.3 STREE 3.4 CITY-S 4.1 TITLE	e-named corp the corporations.  It signature require  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as r	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with sed elept the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. OFFICERS AND DIRE  18. OFFICERS AND DIRE  19. OFFICE	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R CTORS DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 2.4 CITY-1 3.1 TITLE 23 NAME 3.3 STREE 3.4 CITY-1 4.1 TITLE 4.2 NAME	e-named corp the corporations.  It signature require  T ADDRESS  T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as n	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. STREET ADDRESS  17. ST. ZIP  17. S	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R CTORS DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 2.4 CITY-S 3.1 TITLE 32 NAME 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 STREE	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as n	ors IN 12 Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with adeaeept the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. STREET ADDRESS CITY-ST-ZIP  17. ST-ZIP	a. Such change was auti Section 607.0505, Florid Processing CTORS  DELETE  DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.5 STREE 4.4 CITY-S 4.7 STREE 4.4 CITY-S 4.7 STREE	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as no septiment	ors IN 12 Addition Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with and except the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. STREET ADDRESS OFFICERS AND DIRE  18. STREET ADDRESS OFFICERS AND DIRE  19. STREET ADDRESS OFFICERS OFFICERS AND DIRE  19. STREET ADDRESS OFFICERS OFFICE	da. Such change was auti Section 607.0505, Florid if applicable. (NOTE: R CTORS DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 2.4 CITY-1 3.3 STREE 2.4 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 4.5 TITLE 4.5 TITLE 4.5 TITLE 4.5 TITLE 4.5 TITLE 5.5 TITL	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as n	ors IN 12 Addition Addition	
office or registered agent, or both, in the State of Florid agent. I am familiar with adeaeept the obligations of, SIGNATURE  12. OFFICERS AND DIRE  12. OFFICERS AND DIRE  13. OFFICERS AND DIRE  14. OFFICERS AND DIRE  15. OFFICERS AND DIRE  16. OFFICERS AND DIRE  17. STREET ADDRESS CITY-ST-ZIP  17. ST-ZIP	a. Such change was auti Section 607.0505, Florid Processing CTORS  DELETE  DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 13 STREE 14 CITY-S 2.1 TITLE 22 NAME 23 STREE 2.4 CITY-I 4.1 TITLE 4.2 NAME 43 STREE 4.4 CITY-S 5.1 TITLE 52 NAME	e-named corp the corporations.  It signature require  T ADDRESS T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS	poration submits this statement for the purposon's board of directors. I hereby accept the and when reinstating)  ADDITIONS/CHANGES TO OFFICER	se of changing it appointment as no septiment	ors IN 12 Addition Addition	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

<u>954- 229-6088</u>

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90057 045 \*\*\*158.75

☐ Change

☐ Addition