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Apr 12, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000080983

1. Corporation Name
F 16, INC.

Principal Place of Business
2555 COLLINS AVENUE NO. 2410
MIAMI BEACH FL 33140

Mailing Address
2555 COLLINS AVENUE NO. 2410
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1998

4. FEI Number
65-0878764 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

2. Principal Place of Business
21 6301 COLLINS AVE

2a. Mailing Address
26

Suite, Apt. #, etc.
22 # 1708

Suite, Apt. #, etc.
27

City & State
23 MIAMI BEACH, FL

City & State
28

Zip
24 33148

Country
25 US

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICHENBACHER, JEFFREY E ESQ.
799 BRICKELL PLAZA
SUITE 700
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME PRUSZYNSKA, ELZABIETA
STREET ADDRESS 2555 COLLINS AVENUE NO. 2410
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE PVST Change Addition
1.2 NAME ELZBIETA PRUSZYNSKA
1.3 STREET ADDRESS 6301 COLLINS # 1708
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33148

TITLE D
NAME PRUSZYNSKA, ELZABIETA
STREET ADDRESS 2555 COLLINS AVENUE NO. 2410
CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE D Change Addition
2.2 NAME ELZBIETA PRUSZYNSKA
2.3 STREET ADDRESS 6301 COLLINS # 1708
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33148

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 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: *Elzbieta Pruszyńska* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-99 Date

305-678-8572 Daytime Phone #

CR2E034 (1/1/98)