## 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** 

## May 17, 1999 8:00 am = Secretary of State

05-17-1999 90006 017 \*\*\*150.00

DOCUMENT #	P98000081045

Country

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

FUTERNET CONVENTION CENTERS INC Principal Place of Business Mailing Address

ATTIBLE OF BUSINESSE		
8061 5W	139 Terras FLorida	20
MIAMI	FLORIDA	33158

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed, 4. FEI Number

Applied For Not Applicable

₽No

26 Suite, Apt. #, etc. 27 City & State 28

2a. Mailing Address

Zip Country 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution

Fee Required \$5.00 May Be

Zıp Code

Change

[] Change

□ Change

[] Change

\$8.75 Additional

Added to Fees 8. This corporation owes the current year Intangible

30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 1 ames B. TICE 82 Street Address (P.O. Box Number is Not Acceptable) 16220 Sa 280Th ST Homes Tead [=10 33031 83 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.

) agont i	in lating with and accept the earliest of earliest the	-	
SIGNATURE			
Ì	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	agistered Agent signature red	quired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES/D DELETE	1.1 TITLE	Change Addi
NAME	Provid Lee HANAN 8061 Sco. 139 Terr	1.2 NAME	
STREET ADDRESS	8061 Sco. 139 Terr	13 STREET ADDRESS	
CITY-ST-ZIP	MIBMI FIA 33158	1.4 CITY-ST-ZIP	
TITLE	DELETE DELETE	2.1 TITLE	☐ Change ☐ Addit
NAME	MARTIN HONAN 8061 Sau 139 Terrace	2.2 NAME	
STREET ADORESS	8061 Sw 139 Terzace	2.3 STREET ADDRESS	

DELETE

☐ DELETE

MIAMI PLA 33158 3.1 TITLE ARIN HANAN 061 5 CU 139

3.3 STREET ADDRESS 34. CITY-ST-ZIP DELETE

2. 4 CITY-ST-ZIP

4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS

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

4.4 CITY-ST-ZIP

6.1 TITLE 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** 

Addition

Addition

[ Addition

Addition

Addition

☐ Addition