PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000084680

1, Corporation Name

8	301 N. FT.	HARRISON,	INC.	

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90078 041 ***150.00

	IENI BURA BURA I	

						(B)	#
Principal Place	e of Business	Mailing Address					
647 E DANIA B DANIA FL 3300		647 e Dania Be ach Blvd Dania fl 33004				00105	
	-				DO NOT WRITE IN THIS	SPACE	 7
<u> </u>					Date Incorporated or Qualifed 10/02/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 C/O K	B Holdings	26C/O KB Holdi	ngs		65-0866985		Not Applicable
Suite, Apt. 22 6.4.7 E		Suite, Apt. #, etc. 27647 E. Dania	Bch	. B1v	5. Certificate of Status Desired d		5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23 Dania	a Beach, FL	28 Dania Beach	, FL		Trust Fund Contribution	Adde	ed to Fees
Zip	. Country	Zip	Country		8. This corporation owes the current year Int	angible	_
24	25 VISA	29 3 30	S.L		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
-			81	Name Wa	gner, J.		1
)	ENER, JOAN		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	E DANIA BEACH BLVD		1	5110017101			
DAN	IA FL 33004	,	83				
	••		84	City DANT A	A BEACH FL	85 Z	ip Code 3004
44 Duningt	to the provisions of Scotions 607 0602	and 607 1508 Florida Statutes	the above		rporation submits this statement for the purpose of		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	oFlorida. Such change was auth	orized by	the corpora	tion's board of directors. I hereby accept the appoint	ntment as	registered
SIGNATURE	AB C				ired when reinstating) DATE		
	Signature, typed or printed name of registered agent a		` 	it signature requi		D DIREC	TODE IN 12
12.	OFFICERS AND PVSTD	DELETE	13.	—т	ADDITIONS/CHANGES TO OFFICERS AN	Chang	
TITLE				D		None	,,
NAME	BOULIS, GUS	ah Dired	1.2 NAME		OULIS, G.		· `
STREET ADDRESS	647 E. Dania Bead		1.3 STREE				
CITY-ST-ZIP	Dania Beach, FL	33004 □ DELETE	1.4 CITY-S	r-ziP		Chang	ge Addition
TITLE		□ nere ie	2.1 TITLE				jo
NAME	·		2.2 NAME				
STREET ADDRESS			2.3 STREE		•		
CITY-ST-ZIP		□ DCI ETE	2. 4 CITY-S	T-ZIP		Chang	ge Addition
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NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE				
CITY+ST-ZIP		□ NECESTE	3.4. CITY-5	T-ZIP		Chang	ge Addition
TITLE		☐ DELETE	4.1 TITLE	1		- Chang	* Tyggingii
NAME			4. 2 NAME				ł
STREET ADDRESS			4.3 STREE	i	·		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Clober	nn
TITLE		☐ DÉLETE	5.1 TITLE]		Chang	ge Addition
NAME			5.2 NAME				j
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			T Addition
TITLE	1	☐ DELETE	6.1 TITLE			Chang	ge 🗋 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	FADDRESS			
							J.

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 of 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.

SOPERA TORREST G. DEOULTS OPRES. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22-6700