Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90012 037 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086853 1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this fil

NAME

LAMBDIN & ROSSER, P.A.

1868 N. UNIVERSITY DRIVE SUITE 30 PLANTATION FL 33322				1868 N. UNIVERSITY DRIVE SUITE 30 PLANTATION FL 33322					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/09/1998							
2. Principal P	Mailing Address						FEI Number				-	TAnn	lied For			
21		26	h					16 MM 9210							Applicable	
Suite, Apt. #. etc.				Suite, Apt. #, etc.				+	\$8.75 Addition							
22				27					5. 0	Certifcate of Sta	tus Desire	ed 🗌]		e Rec	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be							
23				28				[Trust Fund Contribution Added to Fees							
Zip		Country		Zip Country				8. This corporation owes the current year Intangible								
24	25	i]	29	29 30						Personal Property Tax.						No.
	9. Name ar	nd Address of Current	Regist	tered Agent						Name and Add		ew Regis	stered A	gent		
0110						81	Name	e								
		CHARD L CPA				82	Stron	at Addrone	- /0 (D. Box Number	in Not Age	niahla)				
		DERAL HIGHWAY				02	Suee	el Address	\$ (٣.५	D. Box Mumber	IS NOT ACC	eptable)	-			
	TE 405					83										
FT. I	LAUDERDALE	FL 33308-5254				Ш				·				•		
						84	City		4	4			Fi	85	Zip Co	ode
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 recoffice 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 regist 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												egistered stered				
12.		OFFICERS AND	DIREC				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D			☐ DELETE	1.1 TIT	LΕ								Cha	ige	☐ Addition
NAME	Lambdin, K				1.2 NA	ME										
STREET ADDRESS 6809 E LONGBOW BEND					1.3 ST		1.3 STREET ADDRESS				•					
CITY-ST-ZIP	DAVIE FL 3	3300			1.4 CIT	Y-ST	- ZIP									ار
TITLE				☐ DELETE	2.1 TIT	1.E		D. 1	P					☐ Char	nge	Addition
NAME					2.2 NA	ME		UE	R4	10 E.	ROSSE	ER				
STREET ADDRESS					2.3 ST	REET	ADDRESS	s 728	76	LO B.	TREL	" ZT.				
CITY-ST-ZIP					2.4 CI			FT.	. <u>.</u> L	AUDER	24 6	FL	3	330	9	
TITLE				☐ DELETE	3.1 TIT					-7 · · · · · · ·	/ 	<i>/</i>		Char		☐ Addition
NAME					3.2 NA	ME		İ		*				_	-	_
STREET ADDRESS							ADDRESS	s								
CITY-ST-ZIP					3.4. CF]								
TITLE				DELETE	4.1 TIT			+						☐ Char	nge	Addition
NAME					4. 2 NA											
STREET ADDRESS							ADDRESS									
CITY-ST-ZIP					4.4 CIT			٦				•	,			
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ DELETE	5.1 TITI		- 211							☐ Chan	nge .	☐ Addition
NAME					5.2 NAI										y.	
STREET ADDRESS					5.3 ST	REETA	ADDRESS	s								

of does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an aftee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the anaddress, with all other like empowered. indicated on this annual report officer or director of the corpor Block 12 or Block 13 if graph **SIGNATURE**

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

Addition