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 # P980000 926 26 V

Eric A Churchill Inc

Principal Place of Business

Mailing Address

601 N Rio Vista Blud Ste 115

Ft Lauderdale FL 33301

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90054 023 ***150.00

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10-30-98

		DO N	IOT	WRITE	IN	THIS	SPA	CE
3.	Date Incorpo	rated or	Qua	lifed				

2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 60	1 N Rio Vista Blue	126 601 NRio 1	lista Blud	65-081613	3 Not Applicable	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 23 Ft Lauderdale FL 28 Ft Lauderd			dale FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 33	Country	Zip (3330) 39	Country	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes XINo	
	9. Name and Address of Current			10. Name and Address of New Reg	istered Agent	
E	ric Churchill		81 Name 82 Street Add	Iress (P.O. Box Number is Not Acceptable	1	
6	01 N Rio Vista	Blud Ste 119	5 83	TOUR POLITICIST IS THE PROSPERSION		\dashv
F	+ Lauderdale	FL 33301	84 City		FL 85 Zip Code	\dashv
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the above-named corporate by the corporate Statutes.	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing its registered e appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	igistered Agent signature requir)28 mg	1.
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	7
TITLE	PITIS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	on 3
NAME STREET ADDRESS	Fric Church ill 601 N Rio Vis	to Blud Affins	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	- Ct joude date	P. 23.30 1	1.4 CITY-ST-ZIP			;
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NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-ZIP			
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	e exemption stated in :	Section 119.07(3)(i). Florida Statutes, I furt	her certify that the information	

4. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 28 90

024 252 0088

Daytime Phone #