

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90034 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000093153**

1. Corporation Name  
**SUITE 207 ASSOCIATES, INC.**



Principal Place of Business 8751 W BROWARD BLVD SUITE 207 PLANTATION FL 33324	Mailing Address 8751 W BROWARD BLVD SUITE 207 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28	4. FEI Number 65-0872590	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 11/02/1998
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**RIEMAN, ALEXANDRA V**  
**2856 E OAKLAND PARK BLVD.**  
**FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME RIEMAN, ALEXANDRA V	
STREET ADDRESS 2856 E OAKLAND PARK BLVD	
CITY-ST-ZIP FORT LAUDERDALE FL 33306	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME WILLIAM R. TURNER	
1.3 STREET ADDRESS 8751 W. BROWARD BLVD #207	
1.4 CITY-ST-ZIP Plantation, FL 33324	
2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME JEFF D. JORDAN	
2.3 STREET ADDRESS 8751 W. BROWARD BLVD. #207	
2.4 CITY-ST-ZIP Plantation, FL 33324	
3.1 TITLE Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DAVID A HEAD	
3.3 STREET ADDRESS 8751 W. BROWARD BLVD #207	
3.4 CITY-ST-ZIP PLANTATION FL 33324	
4.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MIGUEL A. CABRERA	
4.3 STREET ADDRESS 8751 W. BROWARD BLVD #207	
4.4 CITY-ST-ZIP Plantation FL 33324	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: William R. Turner Date: 3/4/99 Daytime Phone #: 954-452-0002  
 WILLIAM R. TURNER

CR2E034 (11/98)