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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

•	JAL REPORT <b>1999</b>		Secretary DIVISION OF C	of State ORPORATIONS	FILED		
DOCUMENT # P98000094295  1. Corporation Name DECEMBER VENTURES IV CORP.					99 MAR 23 PM 3: 12  SCORE TARY OF STATE TALLAFASSEE, FLORIDA		
Principal Place	e of Business	Mailing	Address		TRANSPORTE TO BE AND THE TRANSPORTED THE TRANS		
7695 104TH ST. STE 210 7695 104TH ST. STE MIAMI FL 33156 MIAMI FL 33156					DO NOT WRITE IN THIS SPACE		
2. Principal P	lace of Business	<b>2a.</b> Ma 26	iling Address		3. Date Incorporated or Qualifed 11/06/1998 4. FET Number Applied For Not Applicable	le	
Suite, Apt. 22 City & State		27	ite, Apt. #, etc.		\$. Certificate of Status Desired [] \$8.75 Additional Fee Required		
Zip	Count	28		Country	6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangible		
24	25 9. Name and Addr	29 ess of Current Registere	[	30   	Personal Property Tax [ ] Yes [ ] No 10. Name and Address of New Registered Agent		
7695 MIAN				83 84 City	FL 85 Zip Code sporalion submits this statement for the purpose of changing its registered tooks board of directors. Thereby accept the appointment as registered		
12.	r	OFFICERS AND DIRECTO	DRS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 2	
TITLE NAME STREET ADDRESS	SPD LITTMAN, ERIC P 7695 104TH ST.	STE. 210	[] DELETE	11TILE 12 NAVE 13 STREET ADDRESS	[  Change     Add:	on 2	
CITY-ST-ZIP TITLE NAME STREET ADORESS	MIAMI FL 33156		[] DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	[]Change []Addit	ion C	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			[] DELETE	2 4 CITY-SI-ZIF 31 TELE 32 NAME 33 STREET ADDRESS	[]Change []Addit 5000028158157 -03/23/9901082009	1	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		er i e e e e e e e e e e e e e e e e e e	Ülderele	34 CITY-ST-74P 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS	***1500.00	nei	
CITY-ST-ZIP TITLE NAME		<del></del>	[   DELETE	4 4 CITY-ST-ZIP 5 1 THUE 5 2 NAME 5 3 STREET ADDRESS	[]Change []Addd	.o1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME			[]] DELETE	53 STREET ALTURESS 54 CITY-S1-ZIP 61 TITLE 62 NAME	[]Changa () Adig	M	

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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or truster 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. CITY-ST-ZIP

SIGNATURE: \_\_

STREET ADDRESS

**ERIC P. LITTMAN** SIGNATURE AND TYPED OR PARTIED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS