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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000096170

Corporation	n Name					
PITAN, II	NC.	•		. I CONTROL STA HALAN SOME AREA AREA AREA AREA AREA AREA AREA AR	ın ının gust olak töğli geli (88)	ı
						t
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	I 18419EDI FIN 18191 IBLII DDIIF BAISI ODSII WOII	.B 58110 8100 11811 18811 8811 1861	
7310 GRANT ST 7310 GRANT ST						
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		\neg
				11/12/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 7 38 0	Applied For	_
21		26		65-08 / 5,00/	Not Applicable	≞
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	ρ	City & State		6. Election Campaign Financing	\$5.00 May Be	_
23		28		Trust Fund Contribution	Added to Fees	ļ
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24	25	29	30	Personal Property Tax.	Yes □No	4
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
STE\	/ENSON, LAUREEN A		81 Name			
7310 GRANT ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024			83		 -	ᅥ
					- 11 	4
			84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered	П
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE				<u> </u>		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE, F ND DIRECTORS	Registered Agent signature require 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	\dashv
12.	D LAUREEN	DELETE	1.1 TITLE	ADDITIONAL OF THE PARTY.	☐ Change ☐ Addition	on
NAME	STEVENSON, MAUREEN A		1.2 NAME			
STREET ADDRESS	7310 GRANT ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 HTLE		Change Additi	on
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	دیم به <u>با</u> بسرزیند ام		٠
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change ☐ Additi	_
TITLE		☐ DELETE	3.1 TITLE			UI:
NAMÉ			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4, CITY-ST-ZIP		☐ Change ☐ Additi	on.
TITLE		_; becere	4.1 TITLE 4. 2 NAME			
NAME			4.3 STREET ADORESS			
STREET ADDRESS			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Additi	on
NAME		-	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		□ nei ete	61 TITLE	—·· — — "	☐ Change ☐ Additi	on

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 603. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90111 007 ***150.00