PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000098000

CRAIG K. SATCHELL PA

Principal Place of Business

Mailing Address

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90010 055 \*\*\*\*\*8.75 04-25-1999 90010 056 \*\*\*150.00



310 SE 13TH ST. FT. LAUDERDALE FL 33316		310 SE 13TH ST. FT. LAUDERDALE FL 333	310 SE 13TH ST. FT. LAUDERDALE FL 33316			DO NOT WR	ITE IN THIS	S SPACE		
					11/23	corporated or Qualifed /1998	I			
2. Principa Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For		
21		26	26			0002017			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	e	City & State				n Campaign Financing und Contribution		\$5.00 Added	May Be tc Fees	
Zip	Country 25	Zip	Countr	у		rporation owes the cur al Property Tax.	rent year in	ntangible Yes	MNO	
	9. Name and Address of Cu	ırrent Registered Agent			10. Name	and Address of New	Registered	Agent		
			8	1 Name					•	
	CHELL, CRAIG K SE 13TH ST.		82		82 Street Ac dress (P.O. Box Number is Not Acceptable)					
	LAUDERDALE FL 33316		8	3						
			8-	4 City			FL	85 Zip	C∋de	
office crre agent. ' a	egistered agent, or bo h, in the S	.0502 and 607.1508, Florida Stat state of Florida. Such change was bligations of, Section 607.0505, F	authorized b	y the corporat	rporation submition's board of c	s this statement for the irectors. I hereby acce	purpose of the appo	f changing its intment as re	ragistered eg stered	
SIGNATURE	Signature, typed or printed na ne of registere	ad agent and title if applicable (NO	T Registered Ag	ent signature regul	red when reinstating)		DATE			
12.		S ANI) DIRECTORS	13.			NS/CHANGES TO O	FFICERS A	ND DIRECTO	DF:S IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition	
	SATCHELL, CRAIG K		1.2 NAME							
NAME	310 SE 13TH ST.									
STREET ADDRESS	FT. LAUDERDALE FL 3331	e		ET ADDRESS						
CITY-ST-ZIP	FI. LAUDERDALE FL 3551	DELETE	1.4 CITY- 2,1 TITLE					Change	Addition	
TITLE		☐ DELETE						ononge		
NAME			2.2 NAME							
STREET ADORE 3S				ET ADDRESS						
CITY-ST-ZIP			2.4 CITY						Addition	
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addison	
NAME .			3.2 NAME	<b>!</b>					1	
STREET ADDRESS			3.3 STRE	ETADDRESS						
CITY-ST-ZIP			3.4 CITY	-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2 NAM	E						
STREET ADDRESS			43 STRE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME	<b>:</b>						
STREET ADDRESS			5.3 STRE	ET ADDRESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		<del></del>			☐ Change	Addition	
NAME		<del></del> · -	62 NAME	.						
			63 STRE	ET ADDRESS						
STREET ADDRESS			6.4 CITY	- 1						
CITY OF 7ID	4		0.7 01111	I						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state 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 or derivation of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attact ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE

CRAIGK, SATCHE

3-8-7 Date 954)465'~5co

CR2E034 (11/98