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 # P98000101870 1. Corporation Name

ASCENDING HALLWAYS, INC.

Principal Place of Business	Mailing Address
14798 SW 184TH ST.	14798 SW 184TH ST.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90100 011 ***150.00

110021								
Principal Place of Business Mailing Address							1851 88191 ITBBL 1811L 1	
14798 SW 1		14798 SW 184TH S	₹.					
MIAMI FL 33187 MIAMI FL 33187					DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/03/1998		
2, Princip	al Place of Business	2a. Mailing Addre	ess			4. FEI Number	Ap	plied For
21		26				65-0721537	No	t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	equired
City &	State	- City & State	-	-		6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution	Added	to Fees
Žip	Country	Zip		ountry	!	8. This corporation owes the current year	ar Intangible Les	□No
24	25	29	30	-		Personal Property Tax. 10. Name and Address of New Register		□140
	9. Name and Address of C	Jurrent Registered Agent		81	Name	10. Name and Address of New Registe	nea whant	
н	ALL, SHIRLEY D				Hante			
1	1798 SW 184TH ST.			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
1	IAMI FL 33187			83			****	
""	F4111 1 E 00101			00				
				84	City		FL 85 Zip (Code
SIGNATU	Signature, typed or printed name of registe	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Register		nt signature requir	ed when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	D	DE		TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	HALL, SHIRLEY D		1.2	NAME				
STREET ADDI	RESS 14798 SW 184TH ST.		1.3	STREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33187		1.4	CITY-S	T-ZIP			
TITLE	D	☐ DE	LETE 2.1	TITLE			☐ Change	☐ Addition
NAME	HALL, DONNIE E JR.		2.2	NAME				
STREET ADD	RESS 14798 SW 184TH ST.		2.3	STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33187		2.4	CITY-S	ST-ZIP			
TITLE		DE	LETE 3.1	TITLE			Change Change	Addition
NAME			3.2	NAME	ŀ			
STREET ADD	RESS		3.3	STREE	TADDRESS			
CITY-ST-ZIP				CITY-S	ST-ZIP		Chase	C Addition
TITLE		☐ DE		TITLE			☐ Change	Addition
NAME				NAME				
STREET ADDI	RESS				TADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE		□ Ut		TITLE NAME				<u> </u>
NAME	PF00				T ADDRESS			
STREET ADD	RESS			CITY-S				
CITY-ST-ZIP				TITLE	- LIF		☐ Change	Addition
TITLE								
			6.2	NAME				
NAME STREET ADD				NAME STREE	T ADDRESS		_ eege	

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 suppliemental 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 impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 if chapted, of an an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE