**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102217

LASKY, BIGGE & RODRIGUEZ, P.A.

Principal Plac	e of Business	Mailing Address							
15 N.E. 3RD AVE.		315 N.E. 3RD AVE.				1			
T. LAUDERDALE FL 33301		FT. LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		
							12/08/1998		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Apr	olied For
21	<u> </u>	26				<u>.                                    </u>	65-088 1563		Applicable
Suite, Apt.	#, etc.	<del>                                     </del>	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Red	
22		27 City 8 St	City & State				A Station Compaign Figureign	\$5.00	
City & Stat	e	28				•	6. Election Campaign Financing Trust Fund Contribution	Added to	*
23 Zip	Country	Zip		Countr	v		8. This corporation owes the current year I		
24	25	29	[	30	-		Personal Property Tax.		□No
	9. Name and Address of Currer			<del></del> -			10. Name and Address of New Registere	d Agent	
				81	Name	в .			
CAPITAL CONNECTION, INC.				82	Stree	t Addres	ess (P.O. Box Number is Not Acceptable)		
	E. VIRGINIA ST.				3000	n Addi o	33 (1.0. Box Number to Not / tabopusto)		
STE.	-								
TALLAHASSEE FL 32301-1283			84 City					. 85 Zip C	ode
							F	L   '	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, I	Florida Statute	s, the above	e-name	d corpor	ration submits this statement for the purpose it's board of directors. I hereby accept the app	of changing its to pointment as rec	registered sistered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 6	307.0505, Flori	ida Statute	S.	poration	. a could di directorati vitores, accept and type		
SIGNATURE									\
	Signature, typed or printed name of registered age		(NOTE:	Registered Age	ent signaturi	e required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
12.		ND DIRECTORS	DELETE	1.1 TITLE		$T^{-}$	ADDITIONS/CHANGES TO OTT IDENCY	☐ Change	Addition
TITLE	ID Lasky, Susan D			1.2 NAME				-	
NAME	315 N.E. 3RD AVE.				1.3 STREET ADDRESS				-
	FT. LAUDERDALE FL 33301				1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	D	DELETE			2.1 TITLE			☐ Change	Addition
NAME	BIGGE, ROBERT J JR.				2.2 NAME				
	315 N.E. 3RD AVE.			2.3 STREE	ET ADORES	s.			-
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			2. 4 CITY-	ST-ZIP	Ì			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					ĺ
STREET ADDRESS	(			3.3 STRE	ET ADDRES	s			}
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME	Ē				Į
STREET ADDRESS	<b>;</b>			4 3 STRE	ET ADDRES	ss			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE		Į	DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME					ļ
STREET ADDRESS					ET ADDRES	»			
CITY-ST-ZIP		- <del></del>	Dever	5.4 CITY		+		☐ Change	Addition
TITLE			☐ DELETE	6.2 NAME		,		□ ounde	[
NAME									ĺ
STREET ADDRESS	5			0.3 31 KE	ET ADDRES	~			

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

**FILED** 

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90029 007 \*\*\*150.00