PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000104486

1. Corporation Name

BUSINESS OF SOUTH, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90078 043 ***150.00

DOUNCE									
Principal Plac	ce of Business	Mailing Addr	ess				A temblidet bis chief litter marri sauer sagist times a		
5400 HOLLYWOOD BLVD #3 5400 HOLLYWOOD BLVD #3									
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							DO NOT WORTE IN THE	00400	
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 12/15/1998		
2. Principal P	Place of Business	2a. Mailing A	ddress				4. FEI Number		Applied For
21		26					22-3625132		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\$8.75	Additional
22 27					Fee		Fee F	Required	
City & Sta	te	City & St	ate				6. Election Campaign Financing	\$5.0	0 _May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Countr	у		8. This corporation owes the current year In	tangible	_
24	25	29		30			Personal Property Tax.	☐ Yes	□No
-	9. Name and Address of Curren	t Registered Age	ent		Ξ		10. Name and Address of New Registered	Agent	
				81	1	Name			
SAN	TANA, VICTOR M			82	4	0	(D.O. Para Murahan in Met Assentable)		
5400 HOLLYWOOD BLVD #3					4	Street Addi	ess (P.O. Box Number is Not Acceptable)		
	LYWOOD FL 33021			83	<u>3</u> +				
	- •			"	1				
Ì				84	4	City	FL	85 Zir	Code
					Ŧ				te registered
office or	registered agent, or both, in the State	of Florida. Such cl	hange was a	uthorized b	γU	he corporati	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	intment as	registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 6	07.0505, Flo	rida Statute	S.	•			
SIGNATURE									
0,0,0,0,10,12	Signature, typed or printed name of registered ager		(NOTE		ent :	signature require	d when reinstating) DATE		
12.		D DIRECTORS		13.		————	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PVST	ſ] DELETE	1.1 TITLE		1		Change	e 🗀 Adolud
NAME	SANTANA, VICTOR M			1.2 NAME		1			
STREET ADDRESS	5400 HOLLYWOOD BLVD #3			1.3 STREE	ETA	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-	ST-	-ZIP			
TITLE	D		DELETE	2.1 TTLE				Change	e 🔲 Additio
NAME	SANTANA, VICTOR M			2.2 NAME					
3	5400 HOLLYWOOD BLVD #3			2.3 STRE	ET A	ADDRESS			
l	HOLLYWOOD FL 33021			2. 4 CITY-					
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NAME	_)					ADDRESS			
STREET ADDRESS	s					ſ			
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TITLE		L	→ DETE IE			- 1		0.10.18	
NAME	•			4. 2 NAM		1			
STREET ADDRESS	s			4.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP	<u> </u>			4.4 CITY-	_	-ZIP			
TITLE		C] DELETE	5.1 TITLE		1		Chang	e
NAME	1			5.2 NAME					
STREET ADDRESS	s!			5.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP				5.4 CITY-	ST-	-ZIP			
TITLE			DELETE	6.1 TITLE				Chang	e
\		_		6.2 NAME	Ξ	-			
NAME	_					ADDRESS			
STREET ADDRESS	SĮ								
ł _				RACITY.	CT				

14. Thereby 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR