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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000105634

1. Corporation Name

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90162 001 \*\*\*158.75

	#59, INC.								
Principal Plac	ce of Business	Mailing Address				<b>8</b> 4 138 18384 1814 8814 8814 8814			
10041 PINES BL		10041 PINES BLVD. STE. C							
PEMBROKE PIN		PEMBROKE PINES FL 33024							
						DO NOT WRI	TE IN TH	S SPACE	
						rporated or Qualifed			
<u> </u>		· <del> </del>			12/21/19				
	Place of Business	2a. Mailing Address	_		4. FEI Numb	er naaraaa		<del></del>	p ied For
	75 NW 53 St	26 SAM	<u>-</u>		<b>6</b> 5	89132E	<u> </u>		ot Applicable
Suite, Apt	109	Suite, Apt. #, etc.			5. Certificate	of Status Desired	X		Ar ditional equired
City & S:a	`	City & State				ampaign Financing			May Be
23 M 119		28	0			d Contribution		<del>~</del>	to Fees
コ <sup>Zip</sup> つつ	ollic Dade	Zip	Country			oration owes the curre	ent year I		F7
24	S 1 bb 25 DAGE	- <del></del>	30		<del></del>	Property Tax. d Address of New R	11-4	<u></u> ¥Yes	[]No
	9. Name and Address of Current	Registered Agent	81	Name 1			_	i Agent	
WEL1	ter, denise				*_	ALVAR			
	1 PINES BLVD. STE. C		82	Street A	ddiffess (P.O. Box N	imber is Not Accepta	i <sup>ble)</sup> 🧷.	40 15	(C)
PEMI	BROKE PINES FL 33024		83	00	7.3 10	W 53 St	<del>,</del>	15 10	<u></u>
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			84	City M	IAM I			85 Zip	~ 1 3 3 1
11 Purcular	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statuta	e the above	named co	orgonation submits 1	his statement for the	DUIEDOSA C	t changing its	registered
office or	registered agent, or both, in the State	ที่ Florida. Such change was a.	uborized by t	he corpor	ation's board of dire	ctors. I hereby accep	t the appo	intment as re	gis tered
agent. I a	am familiar with, and accept the obligati	ichs of Section 607.0505. Flo	ida Statutes.			• •	A	<b>^</b> .	000
		K HARIL F				A U	$\rho_H$	26 1	997
SIGNATURE	Signature, typed of printed nome of registered agents	a Nutitle if applicable. (NOTE	Registered Agent	signature reg	uir ad when reinstating)	AP	RIL	26,1	777
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<del></del>	Signature, typed 5- printed name of registered agent	a Natitle if applicable. (NOTE			ADDITIONS	S/CHANGES TO OFF	DATE FICERS A		
12	Signature, typed 6- printed name of registered agent	a Nutle if applicable. (NOTE) DIRECTORS	13.		ADDITIONS	S/CHANGES TO OFF	DATE FICERS A	ND DIRECTO	DRS IN 12
12.	Signature, typed or printed some of registered agent ()FFICERS AND	a Nutle if applicable. (NOTE) DIRECTORS	13. 1.1 TITLE		ADDITIONS	S/CHANGES TO OFF	DATE FICERS A	ND DIRECTO	DRS IN 12
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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 congration or the receiver or trustee empowered to execute this report as required by Chapter 697. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on ap attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OF DIRECTOR