**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P990000016

## FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90037 038 \*\*\*150.00

1. Corporation INTERCO	n Name 2000, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Principal Place	e of Business	Mailing Add	dress				L SACTIMET LINE TOTAL	it <b>es</b> tet getin estite a	iffeit Stift Corfe Carm.	ICUTE CTIC ICUT
7825 N.W. 29TH ST., BAY 113 7825 N.W. 29TH ST., BAY 1 MIAMI FL 33122 MIAMI FL 33122				13			DO N	IOT WRITE IN	THIS SPACE	
						3.	. Date incorporated or			
						( "	12/30/1998			1
2. Principal P	lace of Business	2a. Mailing Address				4.	65-08	285-44		oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 City & State 28			5.	5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Section 5. Section 5. Section 6. Sec				
City & Stat	e				6.	6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29		Coun 30	try	ł	. This corporation ower Personal Property Ta	x.	Yes	□No
	9. Name and Address of Current	t Registered Ac	gent				. Name and Address	of New Regist	ered Agent	
000	OUTON MARKO			[1	11 Name	•				{
	GHTON, JAMES N.W. 29TH ST., BAY 113			Į.	12 Street	Address (F	P.O. Box Number is No	t Acceptable)	•	
	N.W. 2911 St., DATE 11S			ŀ	83		<del></del> _			<del></del>
HMAN	112012			- 1						
				Ţ.	84 City				85 Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with and accept the chilast	2 and 607.1508, of Florida, Such ions of Section	, Florida Statut change was a 607.0505. Flo	es, the about or its about or i	ove-named by the comples.	d corporatio poration's b	in submits this statement loard of directors. I here	nt for the purpo by accept the	se of changing its appointment as re	registered egistered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, hold or printed name of registered agent	s and title if applicable	(NOTE			nedwheren	reinstating)	DA	TË	l
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	s and title if applicable	(NOTE	: Registered A	gent signature	nedwheren		DA	TE RS AND DIRECT	l
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS ANI	s and title if applicable	(NOTE	13.	gent algnature E	nedwheren	reinstating)	DA	TË	l
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD CREIGHTON, JAMES	s and title if applicable	(NOTE	13. 1,1 T/TL 1,2 NAA	gent signature E	required when	reinstating)	DA	TE RS AND DIRECT	l
SIGNATURE  12.  TITLE  NAME  STREET ADORESS	Signature, typed or printed name of registered again OFFICERS AND PD CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113	s and title if applicable	(NOTE	13. 1.1 T/TL 1.2 NAA 1.3 STR	gent algnature E IE EET ADDRESS	required when	reinstating)	DA	TE RS AND DIRECT	l
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122	s and title if applicable	(NOTE	13. 1.1 T/TL 1.2 NAA 1.3 STR	gent elgneture E IE EET ADORESS (-81-ZIP	required when	reinstating)	DA	TE RS AND DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-SI-ZIP  TITLE	OFFICERS AND OFFICERS AND OFFICERS AND CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122	s and title if applicable	(NOTE	: Registered A 13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T	GENI EIGNEEUWE E IE EET ADORESS (~81-ZIP E	required when	reinstating)	DA	RS AND DIRECTO	DRS (N 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K	s and title if applicable	(NOTE	13. 1.1 T/T/L 1.2 NAA 1.3 STR 1.4 C/T/ 2.1 T/T/L 2.2 NAA	GENI EIGNEEUWE E IE EET ADORESS (~81-ZIP E	required when	reinstating)	DA	RS AND DIRECTO	DRS (N 12
SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113	s and title if applicable	(NOTE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T 2.1 T/TL 2.2 NAA 2.3 STR	E E EET ADDRESS (*87-ZIP E	required when	reinstating)	DA	RS AND DIRECTI Change	DRS IN 12 ☐ Addition ☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K	s and title if applicable	(NOTE	13. 1.1 T/TL 1.2 NAA 1.3 STR 1.4 C/T 2.1 T/TL 2.2 NAA 2.3 STR	E EET ADORESS EET ADORESS EET ADORESS V-ST-ZIP	required when	reinstating)	DA	RS AND DIRECTO	DRS (N 12
SIGNATURE  12,  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Signature, typed or printed name of registered agent OFFICERS AND CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122	s and title if applicable	DELETE	13. 1.1 T/TL 12 NAA 1.3 STR 1.4 C/F 2.1 T/TL 22 NAA 2.3 STR 2.4 C/F	E EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EFT ADDRESS	required when	reinstating)	DA	RS AND DIRECTI Change	DRS IN 12 ☐ Addition ☐ Addition
SIGNATURE  12,  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZP  TITLE  NAME	PD CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 VPD HARO, RALPH 7825 N.W. 29TH ST., BAY 113	s and title if applicable	DELETE	13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIP 2.1 TITL 22 NAA 2.3 STR 2.4 CIT 3.1 TITL 32 NAA 3.3 STR	EET ADDRESS  EET ADDRESS  C-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  E  EET ADDRESS	required when	reinstating)	DA	RS AND DIRECTI Change	DRS IN 12 ☐ Addition ☐ Addition
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regulared agent OFFICERS AND PD CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 VPD HARO, RALPH 7825 N.W. 29TH ST., BAY 113 MIAMI.FL 33122 SD	s and title if applicable	DELETE	13. 1.1 III. 12 NAM 2.3 STR 2.4 CIT 3.1 TIT. 3.2 NAM 3.3 STR 3.4 CIT 4.1 TIT. 4.1 TI	E E EET ADDRESS  Y-ST-ZIP E EET ADDRESS  Y-ST-ZIP E EET ADDRESS  Y-ST-ZIP E EET ADDRESS	required when	reinstating)	DA	RS AND DIRECTI Change	DRS IN 12 ☐ Addition ☐ Addition
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SIGNATURE  12.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of regulared agent OFFICERS AND PD CREIGHTON, JAMES 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 TD CREIGHTON, CHRISTY K 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 VPD HARO, RALPH 7825 N.W. 29TH ST., BAY 113 MIAMI FL 33122 SD HARO, IDA ELENA 7825 N.W. 29TH ST., BAY 113	s and title if applicable	DELETE	13. 1.1 ITIL 12 NAM 13 STR 14 CIP 2.1 TITIL 22 NAM 23 STR 2.4 CIT 31 TITIL 32 NAM 33 STR 34. CIT 4.1 TITIL 4.2 NAM 4.3 STR	E E EET ADORESS F- ST- ZIP E EET ADORESS Y- ST- ZIP E EET ADORESS Y- ST- ZIP E EET ADORESS H- EET ADORESS	required when	reinstating)	DA	RS AND DIRECTI Change	Addition
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Intel anytical report is true and accurate and that my signature shall have the same legal effect as if made under oath; that i am an scenario or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in transment with an address, with all other like empowered. indicated on this annual report or suppler officer or director of the corporation of the Block 12 or Block 13 if changed of on a

CURE REQUIRED