

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90067 003 ***150.00

DOCUMENT # S02129

1. Corporation Name

ROW PROPERTIES & DEVELOPMENT, INC.

Principal Place of Business

2409 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301
US

Mailing Address

POST OFFICE BOX 2485
FORT LAUDERDALE FL 33303-2485
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1990

4. FEI Number

65-0247437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BOFSHEVER, HAROLD S.
2455 E SUNRISE BLVD, SUITE 917
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name HAROLD S. BOFSHEVER
82 Street Address (P.O. Box Number is Not Acceptable) 4875 N FEDERAL HWY, 7TH FLOOR
83
84 City FT LAUDERDALE FL 85 Zip Code 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

☐ DELETE

NAME PT
MURPHY, RAYMOND
STREET ADDRESS 2409 E LAS OLAS BLVD
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE VS
NAME BOYLES, O.E. JR.
STREET ADDRESS 4031 NE 22 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE V
NAME NELLIS, WILLIAM R
STREET ADDRESS 8829 ASHTEN CT
CITY-ST-ZIP KNOXVILLE TN 37922

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99

954-523-8784

CR2E034 (11/98)