PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90003 022 ***158.75

j 1. Corporatio	MENT # S06090 NO OF PLANTATION, INC.									!
Principal Plac	e of Business	N	tailing Address				1 183(1916 14) 80018 8011 86013 1411 8111 8111 8111	JH 6351- 5-5-		
1000 S UNIVER	SITY DR	18	118 EAST SUNRISE BLVD.				1			
PLANTATION F	L 33324	FI	, Lauderdale FL 33304				DO NOT WRITE IN THIS	SDACE		
US							3. Date Incorporated or Qualifed	3FAUL		
į					,		10/16/1990		, l	
	U		Mailing Address				4. FEI Number	I A	oplied For	ŕ
	lace of Business	26	F Memilia vocas				65-0231675		ot Applicable	- 1
21 Suite, Apt.	# etc	120	Suite, Apt. #, etc.			• • • • • • • • • • • • • • • • • • • •	¥	\$8.75	Additional	
22		27					-5. Certificate of Status Desired	Fee R	equired'	1
City & Stat	9	+-	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country	1	Zip	Cou	ntry		8. This corporation owes the current year inta			:
24	[25]	29	[30			r dischar i topariy re-	Yes	□No	į
	9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered A	gent		·
D0 5	- TOIN				B1 Na	me			j	į
	O, TONY				82 St	eet Addre	ss (P.O. Box Number is Not Acceptable)			
1818	C SUNRISE BLVD									
FI. I	LAUDERDALE FL 33304				83				1	
					84 Ci	v		85 Zip	Code	
							FL			
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligate state of printed runs of registered agent	ролз о	, Section 607.0303, Fion	ica Stati	J163.		ration submits this statement for the purpose of on's board of directors. I hereby accept the appoint			6
12:	OFFICERS AN	O DIR		13.			ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12 ☐ Addition	
TITLE	PD		☐ DELETE	1.1 17	DΈ			☐ Change	L. Addition	Ξ
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TITLE	l .			1.4 CI	TY-ST-ZIP	ESS		Chann	□ Addition	SRZE
			☐ DELETE		TY-ST-ZIP	ESS		Change	Addition	CR2E034 (11/98)
NAME		•	☐ DELETE	1.4 CI	TY-ST-ZIP Fle	ESS		☐ Change	Addition	CRZE
NAME STREET ADDRESS			☐ DELETE	1.4 CT 2.1 TT 2.2 NV 2.3 ST	TY-ST-ZEP FLE NASE REET ADDR			Change	Addition	CRZE
				1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C	TY-ST-ZIP TLE NME REET ADDR					CRZE
STREET ADDRESS	<u>, , , , , , , , , , , , , , , , , , , </u>		☐ DELETE	1.4 CT 2.1 TT 2.2 NV 2.3 ST	TY-ST-ZIP TLE NME REET ADDR			☐ Change	Addition	CRZE
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a nereby centify that the impormation supplied with this highly does not quality for the exemption stated in Section 118.07(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.

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SIGNATURE REQUIRED