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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90041 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # S09205

1. Corporation Name  
 14TH STREET, INC.

Principal Place of Business  
 902 NORTHEAST 1ST STREET  
 POMPANO BEACH FL 33060

Mailing Address  
 902 NORTHEAST 1ST STREET  
 POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

10/29/1990

4. FEI Number

65-0228311

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDIN, DAVID C.  
 500 EAST BROWARD BOULEVARD  
 SUITE 1950  
 FORT LAUDERDALE FL 33394

81 Name: Jean Louis Lacerte  
 82 Street Address (P.O. Box Number is Not Acceptable): 902 NE 1st Street  
 83  
 84 City: Pompano Bch FL 85 Zip Code: 33062

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 607.0605, Florida Statutes.

SIGNATURE: *Jean Louis Lacerte*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  DELETE  
 NAME: LACERTE, JEAN LOUIS  
 STREET ADDRESS: 902 NE 1ST STREET  
 CITY-ST-ZIP: POMPANO BEACH FL

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

TITLE: VD  DELETE  
 NAME: BARFIELD, DANIEL M.  
 STREET ADDRESS: 3311 NW 15TH AVENUE  
 CITY-ST-ZIP: POMPANO BEACH FL

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

TITLE: STD  DELETE  
 NAME: IRWIN, EDWARD J.  
 STREET ADDRESS: 902 NE 1ST STREET  
 CITY-ST-ZIP: POMPANO BEACH FL

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

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

6.1 TITLE  Change  Addition  
 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: *Jean Louis Lacerte*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)