## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

HOLLYWOOD FL 33022

2a. Mailing Address

City & State

Zip

27

29

Suite, Apt. #, etc.

P. O. BOX 101

**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business

2. Principal Place of Business

FILINGS, INC. 3732 N.W. 16TH STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL 33022

P. O. BOX 101

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S21268 1. Corporation Name

ASSET PROTECTION MANAGEMENT, INC.

Country

9. Name and Address of Current Registered Agent

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

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FORT LAUDERDALE FL 33311

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

01-29-1999 90032 009 \*\*\*150.00

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		DO NOT WRITE IN THIS SPACE								
٠	3.	3. Date Incorporated or Qualifed								
		12/27/1990	•	•						
i	4.	FEI Number		Applied For						
		65-0290649		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.	8. This corporation owes the current year Intangible								
		Personal Property Tax.		☐ Yes ☐ No						
10. Name and Address of New Registered Agent										
		<del></del>								

85

Zip Code

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.

(NOTE: Registered Agent signature requ

83 84 City

Country

Name

Street Address (P.O. Box Number is Not Acceptable)

30

2.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ITLE .	DPS	☐ DELETE .	1.1 TITLE	Same of the state	☐ Change	Addition
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TREET ADDRESS	P.O. BOX 101 N/A		1.3 STREET ADDRESS		* *	
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πLE .		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
AME			2.2 NAME	}		
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ME	E0070400 (\$4 1752)		6.2 NAME			
REET ADDRESS	ESCALL VENT,		6.3 STREET ADDRESS			
Y-ST-ZIP		·	6.4 CITY-ST-ZIP	·		

. 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.

**IGNATURE:** 

CR2E034 (11/98)