## 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 31, 1999 8:00 am Secretary of State 03-31-1999 90038 009 \*\*\*150.00

DOC	JMENT #	<sub>-</sub> S31	549

	n Name					Į.				
don eli	LIOTT CORPORATION									
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Principal Plac	e of Business	Mailing Address				CARNIAGA CARA CICAR CICAR ALTER ALTER				
1181 NW 99 TERR         1181 NW 99 TERR           PEMBROKE PINES FL 33024         PEMBROKE PINES FL 33024						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	12 11 11 110	JI AUL		
						02/12/1991				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		<del></del>	plied For	
21		26				65-0247345			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22	·	27				<u> </u>			<del></del>	
City & State		City & State				6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t	.o rees	
Zip	Country	Zíp	Cou	пиу		8. This corporation owes the curr	ent year inta	ingible □Yes	□No	
24	25		30	T		Personal Property Tax.  10. Name and Address of New I	Penistered A			
	9. Name and Address of Curre	ur Kaftisralan Wilaur		81	Name	IV. Hame and Address of New I	21-01-01	-50111		
ELLI	OTT HECKER			Ш						
	1 NW 99 TERRACE			82	Street Addre	ss (P.O. Box Number is Not Accepta	ıble)			
	IBROKE PINES FL 33024			83				,		
				84	City		FL	85 Zip (	Code	
44 5		00 and 607 4500 Elorida Statute	o the e	hovo	named corne	ration submits this statement for the		changing its	registered	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the State	of Florida. Such change was au	sthorized	by 1	the corporation	's board of directors. I hereby accep	t the appoir	tment as re	gister <del>e</del> d	
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statı	utes.		•				
SIGNATURE							DATE			
45	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: ND DIRECTORS	Registered	Agent	t signature required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	
12. TITLE	D OFFICERS AI	DELETE	1,1 717	π. F		ASSITIONS IN THE CO.		Change	Addition	
NAME	HECKER, ELLIOTT C.		1.2 NA							
STREET ADDRESS	ALOJANNI OD TEND				ADDRESS			•	•	
	PEMBROKE PINES FL 33024		1	TY-ST						
CITY-ST-ZIP	PEMBROKE PINCOTE 30024	□ DELETE	2,1 TIT		1-217				/	
NAME				TLE	•			Change	☐ Addition	
STREET ADDRESS		•	1					Change	Addition	
		•	2.2 NA	AME	ADDDESS		· ·	Change	Addition	
		·	2.2 N/ 2.3 ST	AME TREET	ADDRESS			Change	Addition	
CITY-ST-ZIP		□ DELETE	2.2 N/ 2.3 ST 2.4 C	AME TREET				☐ Change	Addition	
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indicated on this annual report or supplied with this imig does not quality for the exemption stated in Section 1.3.07(3)(f), Fronta statutes, i turner 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: