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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90137 043 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S51105

1. Corporation Name  
27-27 CAPITAL CORPORATION

Principal Place of Business  
1829 TIGERTAIL AVE  
COCONUT GROVE FL 33133  
US

Mailing Address  
1829 TIGERTAIL AVENUE  
COCONUT GROVE FL 33133  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1991

4. FEI Number

65-0292262

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 1100 N.E. 7TH AVENUE

Suite, Apt. #, etc.

22 SUITE A

City & State

23 DANIA, FL

Zip

24 33004

Country

25 U.S.

2a. Mailing Address

26 1100 N.E. 7TH AVENUE

Suite, Apt. #, etc.

27 SUITE A

City & State

28 DANIA, FL

Zip

29 33004

Country

30 U.S.

9. Name and Address of Current Registered Agent

HOUSTON, BART A.  
100 NE 3RD AVENUE  
SUITE 850  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

JACK R. LOVING

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

1323 S.E. 3RD AVE.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code  
33316

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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME HOUSTON, BART A.  
STREET ADDRESS 1100 NE 7TH AVENUE  
CITY-ST-ZIP DANIA FL

TITLE D ☒ DELETE  
NAME HOUSTON, J. EDWARD  
STREET ADDRESS 1100 NE 7TH AVENUE  
CITY-ST-ZIP DANIA FL

TITLE DP ☒ DELETE  
NAME HOUSTON, BRETT J.  
STREET ADDRESS 1829 TIGERTAIL AVE  
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME PHIPAS, PATRICIA BUDINE  
1.3 STREET ADDRESS 1100 N.E. 7TH AVENUE  
1.4 CITY-ST-ZIP DANIA, FLORIDA 33004

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME BATES, BRETTE B  
2.3 STREET ADDRESS 1100 N.E. 7TH AVENUE  
2.4 CITY-ST-ZIP DANIA, FLORIDA 33004

3.1 TITLE T ☐ Change ☒ Addition  
3.2 NAME HOUSTON, ZADA DUTTON  
3.3 STREET ADDRESS 1100 N.E. 7TH AVENUE  
3.4 CITY-ST-ZIP DANIA, FLORIDA 33004

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)