

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

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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
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/09/1991

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	2a. Mailing Address 26 1100 N.E. 7TH AVENUE Suite, Apt. #, etc. 27 SUITE A City & State 28 DANIA, FL Zip 29 33004	Country 25 U.S.	Country 30 U.S.
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4. FEI Number 65-0292262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
85 State	FL
86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, BART A.	
STREET ADDRESS	1100 NE 7TH AVENUE	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, J. EDWARD	
STREET ADDRESS	1100 NE 7TH AVENUE	
CITY-ST-ZIP	DANIA FL	
TITLE	DP.	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, BRETT J.	
STREET ADDRESS	1829 TIGERTAIL AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Brett J. Houston* Date _____ Daytime Phone # _____

CR2E034 (1.1/98)