

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

DOCUMENT # **S54240**

1. Corporation Name

**MIX GROUP OF SOUTH FLORIDA, INC.**

Principal Place of Business

**4611 S. UNIVERSITY DR.  
SUITE 198  
DAVIE FL 33328**

Mailing Address

**4611 S. UNIVERSITY DR.  
SUITE 198  
DAVIE FL 33328**

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90028 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/20/1991**

4. FEI Number

**65-0262553**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$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

**KEMP, MATTHEW F  
4611 S UNIVERSITY DR  
SUITE 198  
DAVIE FL 33328**

10. Name and Address of New Registered Agent

81 Name

**J. D. CHANDLER**

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

**4611 S. UNIVERSITY DR.**

83

**SUITE 198**

84 City

**DAVIE**

**FL**

85 Zip Code

**33328**

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 agent 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]*  
Signature of person printed name of registered agent and title if applicable.

**JAMES J. CHANDLER**

(NOTE: Registered Agent signature required when reinstating)

**2/15/99**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **PR**  
NAME **GOMEZ, GERALDO**  
STREET ADDRESS **4611 S UNIVERSITY**  
CITY-ST-ZIP **DAVIE FL 33320**

TITLE **D**  
NAME **FARO, THOMAS V**  
STREET ADDRESS **4611 S UNIVERSITY DR**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VP**  
NAME **CHANDLER, JAMES D**  
STREET ADDRESS **4611 S. UNIVERSITY DR.**  
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **ST**  
NAME **KEMP, MATTHEW F**  
STREET ADDRESS **4611 S. UNIVERSITY DR.**  
CITY-ST-ZIP **DAVIE FL 33328**

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

☐ Change

☐ Addition

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/99**

Date

Daytime Phone #

CR2E034 (1/1/98)