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

**PROFIT CORPORATION ANNUAL REPORT** 1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 13 1998 8:00am Secretary of State

	1990	DI TIOTO I O	COM CMAI	IONS			
DOCUMENT # S71588 (5)							
FIFTEE	ENTH STREET, INC.						
					C 48 0540 PD 181 18 08 1840 1 0440 P 60 103 104 010 6 800	AL BURN BURN BY	
Principal Place of Business Mailing Address						11 B4411 B4B11 411	#*( #(P)) (PB1
1900 SE 15 ST							
PICAUDERD	MLE PL 33316	FT LAUDERDALE FL 33	5316		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
					08/05/1991		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	Applied For
21 26					65-0287449	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	• -	Additional
27   City & State   City & State							Required
23		28			Election Campaign Financing Trust Fund Contribution		May Be
Zip			Country		8. This corporation owes or has paid the cu		to Fees
24	25	29	30	•			No I
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	OX, R.O.		81	Name			
1900 SE 15 STREET				Street Add	dress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316				ļ <u>.</u>	,		
			63	i			
			84	City		85 Zip	Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1509 Florida Statu	ton the shou	o pomod cor	FL	<u> </u>	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized b	y the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	oointment as	registered
	m lamilar with, and accept the obliga	tions of, Section 607.0505, F	iorida Statute	\$.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE Registered Ag	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12
TITLE	PODDEN OFOROM	P DELETE				Change	Addition:
NAME	BORDEN, GEORGIA 10986 COUNTY ROAD 125		1.2 NAME				
STREET ADDRESS	CHAUMONT NY			ADDRESS			i
CITY-ST-ZIP	VP	DELETE	1.4 City-5 2.1 Title	ST-ZIP		Change	1 4 4 7 1 2 2
NAME	COX, ROBERT O	L. VILLIE	2.1 HILE 2.2 NAME			☐ Change	Addition
STREET ADDRESS	1900 SE 15 STREET			ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			ST-ZIP			
TITLE	DELETE		3.1 TITLE	e. 611	7-7-2-1	Change	Addition
NAME			3.2 NAME			-	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	T- ZIP		Change	Addition
NAME		L., OLLLIE	5.1 TITLE 5.2 NAME			□ ruange	Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S				
TITLE	DELETE		6.1 TITLE			Change	Addition
NAME			6.2 NAME	1			-
STREET ADDRESS			6.3 STREET	ADDRESS			}
CITY-ST-ZIP			6.4 CITY - S				
14. I hereby co	ertify that the information supplied wit	h this filing does not qualify f	or the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify 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 entrusive 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.

SIGNATURE: