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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # S93713 1. Corporation Name

### FLOVEST INCORPORATED

Principal Place of Business	Mailing Address
1500 SUNBANK CENTER	1500 SUNBANK CENTER
515 E LAS OLAS BLVD.	515 E LAS OLAS BLVD.
ET LAHDERDALE EL 33301	FT LAUDERDALE FL 33301

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90004 040 \*\*\*150.00



Principal Place	e of Business	Mailing Address			;			
1500 SUNBANK CENTER 515 E LAS OLAS BLVD. 515 E LAS OLAS BLVD. FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301				DO NOT WRITE IN TI	HIS SPACE			
., 5.002.101.0	2 / 2 4440.				3. Date Incorporated or Qualifed 11/13/1991			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Δ	pplied For	
21		26			65-0299828	N	lot Applicable	1 31497.20
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	\$8.75 Additional Fee Required	
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Cour	ntry	- 8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.	☐ Yes	<b>t</b> ∑No	╛
<u></u>	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent		4
		-		81 Name				
	NSON, DANIEL H. ) SÜN BANK CENTER			82 Street Add	Iress (P.O. Box Number is Not Acceptable)		2.1.1.1.1	
	e. las olas blvd.		ľ	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 74 (17) 46 1. s of (18) 37		/ر[
FT L	AUDERDALE FL 33301			84 City	1 3-5 1 28 18 18 18 18 18 18 18 18 18 18 18 18 18	85 Zic	Code	-
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11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	es the ab	and named sor	poration submits this statement for the purpose	of changing if	is registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	le of Florida. Such change was a	utnorizea	by the corporati	ion's board of directors. I hereby accept the ap	pointment as r	egistered	
office or r	égistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was all gations of, Section 607.0505, Flor	umorized rida Statu	by the corporati	ion's goard of directors, I hereby accept the ap	politiment as i	egistered	
office or n agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change was all gations of, Section 607.0505, Flor gent and title if applicable. (NOTE	rida Statu Registered	by the corporati	ed when reinstating) $\sqrt{ j } \sim 2^{\frac{1}{2}}$	politiment as i	egistered	- 68
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6.4 CITY-ST-ZIP 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.