


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90005 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V02116

1. Corporation Name

JAMES B. PIRTLE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4740 DAVIE RD
DAVIE FL 33314
US

4740 DAVIE RD
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1991

4. FEI Number

65-0302236

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIRTLE, JAMES B.
2230 SW 70TH AVE
SUITE 1
DAVIE FL 33317

81 Name

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

4740 Davie Road

83 **Davie**

84 City

FL

85 Zip Code

33314

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **PD**
NAME **PIRTLE, JAMES B.**
STREET ADDRESS **4740 DAVIE RD**
CITY-ST-ZIP **DAVIE FL**

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

TITLE **VD**
NAME **PORTELA, DARYL**
STREET ADDRESS **5801 SW 127 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **VD**
NAME **PORTELA, FERNANDO**
STREET ADDRESS **5801 SW 127 AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **SD**
NAME **MANNETTA, SUZANNE**
STREET ADDRESS **7554 STIRLING RD 102**
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 (954) 797-0410

Date

Daytime Phone #

CR2E034 (11/98)

0294536