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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90100 009 ***150.00

- 1 : CORE CONTROL CON

S. S. S.	DIVISION OF CORPORATIONS
7114	
	7114

		Mailia a Addana					
Principal Pla	ce of Business	Mailing Address					
4433 POINCIA	• • • • • • • • • • • • • • • • • • • •	4433 POINCIANA STREET	*0350		ļ		
	CAYNE BLVD #3750	2 SOUTH BISCAYNE BLVD LAUDERDALE BY THE SEA				DO NOT WRITE IN THIS	SPACE
	BY THE SEA FL 33308	US	FL 33300		<u> </u>	Date Incorporated or Qualifed	7.01.142
US		03			3	•	
						01/16/1992	
2. Principal	Place of Business	2a. Mailing Address			4	FEI Number	Applied For
21		26				65-0309942	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		_		Certificate of Status Desired	\$8.75 Additional
22		27			5	5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State				Election Campaign Financing	\$5.00 May Be
23		28			'	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	,		This corporation owes the current year In	tangible
	′	29	30		} 8	Personal Property Tax.	X Yes □No
24	25 9 Name and Address of Curre		30			n. Name and Address of New Registered	
	9. Name and Address of Curre	RIL Registered Agent	81	Nam		J. Hame and Madrood of Heat Hagiers	
A11	EN JOHN A		10.	1 40	· ·		
ALLEN, JOHN A		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	33 POINCIANA STREET						
LAL	JDERDALE BY THE SEA FL 3330	08	83				
			_	<u> </u>			85 Zip Code
			84	City		FL	_ SS Zip Code
11 Pursuan	nt to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the above	e-name	ed corporation	on submits this statement for the purpose of	f changing its registered
office or	registered agent, or both, in the State	e of Florida. Such change was a	uthorized by	the co	rporation's t	board of directors. I hereby accept the appo	intment as registered
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, Fig.	nga Statute	5 .			
SIGNATURE	i					DATE:	
	Signature, typed or printed name of registered ag		: Registered Age	nt signatur	re required wher		UD BUDGETOND IN 12
12		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTSD	☐ DELETE	1.1 TITLE				Change Addition
NAME OF	ALLEN JOHN ANTHONY		1.2 NAME		1		

SIGNATURE	Signature, typed or ponted name of registered agent and title if applicable. (NOTE	: Registered Agent signature r	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JOHN ANTHONY	12 NAME	
STREET ADDRESS	4433 POINCIANA STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELET€	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	,
STREET ADDRESS		2.3 STREET ADORESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	- Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY- ST- ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5,3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		63 STREET ADORESS	
CiTY-ST-ZIP		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: _

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