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

1999 **DOCUMENT # V20549**

1. Corporation Name	
3441, INC.	
0111) 1110.	
Principal Place of Business	Mailing Address
•	1401 UNIVERSITY DRIVE
1401 UNIVERSITY DRIVE	SUITE 301
SUITE 301	CORAL SPRINGS FL 33071
CORAL SPRINGS FL 33071	CONAL SERINGS FL 33071
2. Principal Place of Business	2a. Mailing Address
, ad	26
21	Suite, Apt. #, etc.
Suite, Apt. #, etc.	⊢ '''
22	27
City & State	City & State
23	28
Zip . Country	Zip Country
—	— · — ·
24 25	29 30

FILED Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90036 041 ***300.00



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	UNIVERSIT	Y DRIVE			-	OI UNIVERSITY DE	RIVE							
SUITE 301 SUITE 301					22071			DO NOT WRITE IN	THIS SPA	ACE				
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071						MAL OFRINGS TE	33071			3. Date Incorporated or Qualifed				
										03/12/1992				
3 Dr	incinal Di	ace of Busi	0000		29	Mailing Address				4. FEI Number		Ac	plied For	
	пора га	ace or bush	11633		<u> </u>	Withing Modress	•			65-0326933		<u> </u>	t Applicable	
21	uite, Apt. #	t oto		-	26	Suite, Apt. #, et	<u> </u>				\$		Additional	
22	Jile, Apt. A	L #, U.C.				Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				
Çì	ty & State	ate				City & State		6. Election Campaign Financing		\$5.00				
23					28					Trust Fund Contribution		Added :	to Fees	
Zi	р		Countr	у		Zip	Co	untry		8. This corporation owes the current ye			 1	
24			25		29		30			Personal Property Tax.		Yes	□No	
		9, Name	and Addre	ss of Current	t Regis	stered Agent		<u> </u>		10. Name and Address of New Regis	tered Age	nt		
								81	Name					
		ISON, HE						82	Street Add	ress (P.O. Box Number is Not Acceptable)		,		
			ity drive					-	000017100	(1.0. 00x 1.0	,			
	SUITE							83						
	COR/	AL SPRING	3S FL 330	71							1-	<u> 1</u>	0-4-	
								84	City		FL l	5 Zip	Code	
44 6	Durou ont t	a tha aravir	ions of Soc	tions 607 0503	2 and 6	07 1508 Florida	Statutes the	thove	e-named corr	poration submits this statement for the purp	se of cha	naina its	registered	
	office or re	os beretains	ient or both	in the State o	of Florid	da. Such change	was authorize	a by	tne corporati	on's board of directors. I hereby accept the	appointme	ent as re	gistered	
a	agent. I an	n familiar w	ith, and acc	ept the obligat	tions of	, Section 607.050	i5, Florida Sta	tutes	•			-		
SIGN	NATURE _										ATE			
		Signature, type		of registered agen				d Agen	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		VDECTO	DC IN 12	
12.				FFICERS AN	ט טואנ	DELE	13.	TILE		ADDITIONS/CHANGES TO OFFICE		Change	Addition	
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NAME			n, Henry					IAME:						
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NAME	TADDRESS		•	-		DELE	3.3 \$ 3.4.1 ETE 4.11 4.2	STREET CITY-S TILE NAME	l] Change	Addition	
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

1-21-99

154 755 9880 Daytime Phone #

Change

☐ Addition

Date