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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40332

2601, INC

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90004 009 ***150.00



	<u>,</u>					Alati atati biali at	Elt Billi Dibil Indi
Principal Place of Business Mailing Address						*. *	7 - F - F - 1 - 1 - 1 - 1
2601 SW 31 AV		2601 SW 31 AVE				4.	
HALLANDALE FL 33009		HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE			
•					3. Date Incorporated or Qualifed 06/02/1992		
2 Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26	26		65-0346482		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	· - ·	5 Additional
22		27		5. Certificate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution	Add	ed to Fees	
Zip Country Zip			Country		8. This corporation owes the current ye	ear Intangible	
24	25	29 30]		Personal Property Tax.	☐Yes	□No .
	9. Name and Address of Curren	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10. Name and Address of New Regist	tered Agent	
·	3. 100.10		81	Name	•		1
TILLE	EY, MICHAEL R		82	CO Other Address (F.O. Boy Number is Not Acceptable)			
NATI	ONS BANK BUILDINGS, #208			Street Address (P.O. Box Number is Not Acceptable)			
2000 GLADES ROAD					· · · · · · · · · · · · · · · · · · ·		
	A RATON FL 33431					- 1	. 12(3) a \$13 lad
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City		FL 85 7	Zip Code
*			46		eration cubmits this statement for the purpo		its registered
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) APPLICATION OF LANCIES TO DEFICE BY AND DISECTORS IN 12							
			13.		ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Cha	nge 🗌 Addition
NAME	FEVEARYEAR, SIMON		1.2 NAME				
STREET ADORESS	2601 SW 31 AVE		1.3 STREE	T ADDRESS			
}	HALLANDALE FL		1.4 CITY-5	ST-ZiP			
CITY-ST-ZIP	SD	☐ DELETE	2.1 TITLE			Cha	nge ☐ Addition
	WEISFELD, ROBERT		2.2 NAME				
NAME	2601 SW 31 AVE			T ADDRESS			
STREET ADDRESS	I *		2.4 CITY-		•		
CITY-ST-ZIP			3.1 TITLE	31-21		☐ Cha	nge
TITLE			3.1 NAME				
NAME	233			\$			}
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ET ADDRESS			
CITY-ST-ZIP : - c		[] DELETE	3.4. CITY-			☐ Cha	nge
TITLE .		☐ DELETE	4.1 TITLE				
NÁME			4. 2 NAME	1			1
STREET ADDRESS			l	ET ADDRESS		4	
CITY-ST-ZIP			4.4 CITY-			- Cho	nge Addition
TITLE	-	☐ DELETE	5.1 TITLE	I		☐ Cha	mac Clymon
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	inge
NAME			6.2 NAME	:			•
STREET ADDRESS	, s.		6.3 STRE	ET ADDRESS			
STREET MUDRESS			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:

5/99 96/-122_ Dayline Phone # :R2E034 (11/98)