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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # V52150

1, Corporation Name

BING PEMBROKE CORPORATION

	•			
Principal Place	e of Business	Mailing Address		(1001) DISECT DITTE (1901 LICON BILLIO BERT DIDIT DIDIT DIDIT DIDIT DIDIT BIRRI DIDIL 190)
11401 PINES BI #858 PEMBROKE PIN	LVD	P O BOX 565999 MAIMI FL 33256 US		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualifed 07/21/1992
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	·	26		65-0373226 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		ree Required
City & State	e .	City & State		6. Election Campaign Financing \$5.00 May Be
23	0	28	Country	Trust Fund Contribution Added to Fees
∫ Zip ├──┐	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24	25 9. Name and Address of Curre		30	Personal Property Tax. Yes UN0 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent	81 Name	to, traine and Address of their Registered Figure
BING	HOLDING CO.			
	SW 94TH CT.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	M FL 33176) 4	83	
	• •		84 City	FL 85 Zip Code
office or re	egistered agent or both in the State	of Florida. Such change was auf	ithorized by the corboral	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.	
SIGNATURE		NOTE O	O distance to the second	ired when reinstating) DATE
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:)	Registered Agent signature requi	red when reinstating)
		NO DIDECTORS	12	ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS MEDICINE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P < T Change □ Addition
TITLE	D 1	ND DIRECTORS DELETE	1.1 TITLE	PST MChange ☐ Addition
TITLE NAME	COHEN, RICHARD		1.1 TITLE 1.2 NAME	PST Change Addition Richard Coher DR
TITLE NAME STREET ADDRESS	D COHEN, RICHARD 6701 SUNSET DRIVE #100		1.1 TITLE 1.2 NAME	PST Change Addition Richard Coher DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, RICHARD		1.1 TITLE 1.2 NAME	PST Change Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURÉ:

3055962498