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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# V53356

1. Corporation Name PLAZA TACKSONVICLE, INC

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90005 013 ***550.00

Principal Place	of Business	Mailing Address		7		
730 TE	EN POINT CIRCLE	700 TERN POU	NT CIRCLE			
BOCA RATON FL 33431		BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE		
DOCH KAI	ON, PC 33431	DOCK KHICK, -	C 33737	3. Date Incorporated or Qualifed	12 114 11 110 01 702	
				JULY 27, 1992	······································	
2. Principal Pla		2a. Mailing Address		- 65-0368069	├ -+	Applied For
21 2/294	GREENWOOD COURT	26 21294 Gee	EHWOOD COUD	63-0360067		Not Applicable
Suite, Apt. #	t, etc.	27	, 	5. Certifcate of Status Desired	11 ***	Additional Required
City & State	CATON, FC	City & State 28	Y FL	Election Campaign Financing Trust Fund Contribution	1 1	0 May Be d to Fees
Zip 2 2 //2	Country	Zip	Country 30 USA	This corporation owes the curre Personal Property Tax.	ent year Intangible	⊠N _o
3343	9. Name and Address of Current		301 ///	10. Name and Address of New R		
		g	81 Name A			
MARC	J. STONE		<u> </u>	WEN F. DICKERMI	₽ N	
200 5	OUTH BISCAUNE BO	WEVENDED SUITE	2500 82 Street Add	ress (P.O. Box Number is Not Accepta	DIAT	
_ -			83	T GREENWOOD C	-	
MIAN	11, FL 33/3/-23	36		<u>.</u>		
			84 City	A RATON	FL 85 2	p Code
44 5	\$ Castiana 807 0502	and CO7 1509 Florida Statute			numose of changing	5733 its registered
office or re	gistered agent, or both, in the State p	i and 607.1508, Florida Statute If Florida. Such change was at	thorized by the corporati	ion's board of directors. I hereby accep	t the appointment as	registered
agent. I am	familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes.		a a ma	
SIGNATURE _	Willy 31- North	MUN	ALLEH F. D.		8-4-99	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require		DATE	
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	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF		
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