## 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

## FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90013 044 \*\*\*150.00

| DOCUN<br>1. Corporation                                    | MENT # <b>V71975</b>                                                                                 |                                                                       |                                                                     |                                                                                                                                                                                                                                       |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LORAN I                                                    |                                                                                                      |                                                                       |                                                                     |                                                                                                                                                                                                                                       |
| Principal Place                                            | e of Business                                                                                        | Mailing Address                                                       |                                                                     |                                                                                                                                                                                                                                       |
| 917 NE 3RD S                                               | т                                                                                                    | 1917 NE 3RD ST                                                        |                                                                     |                                                                                                                                                                                                                                       |
| 103 103<br>Deerfield Boh Fl 33441 Deerfield Beach Fl 33441 |                                                                                                      |                                                                       | DO NOT WRITE IN THIS SPACE                                          |                                                                                                                                                                                                                                       |
| US                                                         | T FL 3344)                                                                                           | US                                                                    |                                                                     | 3. Date Incorporated or Qualifed                                                                                                                                                                                                      |
|                                                            |                                                                                                      |                                                                       |                                                                     | 10/13/1992                                                                                                                                                                                                                            |
| _ ' .                                                      | ace of Business                                                                                      | 2a. Mailing Address                                                   | 19th Are                                                            | 4. FEI Number Applied For<br>65-0365697 Not Applicable                                                                                                                                                                                |
| Suite, Apt.                                                | 40 N.E. 19 Aw                                                                                        | Suite, Apt. #, etc.                                                   |                                                                     | 5. Certificate of Status Desired \$8.75 Additional Fee Required                                                                                                                                                                       |
| City & State                                               | Thorida                                                                                              | City & State                                                          |                                                                     | 6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees                                                                                                                                                    |
| 3 De (                                                     | Country                                                                                              | 28 DF 13, FL                                                          | Country                                                             | 8. This corporation owes the current year Intangible                                                                                                                                                                                  |
| 4 334                                                      | 41 25 USA                                                                                            | 29 33441 30                                                           | <u> </u>                                                            | Personal Property Tax.                                                                                                                                                                                                                |
|                                                            | 9. Name and Address of Current I                                                                     | Registered Agent                                                      | 81 Name                                                             | 10. Name and Address of New Registered Agent                                                                                                                                                                                          |
| JON                                                        | ES ROY J                                                                                             |                                                                       | 82 Street A                                                         | address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                           |
| 650 NE 19TH AVE                                            |                                                                                                      |                                                                       | <u> </u>                                                            | iduless (F.O. Box Number is Not Acceptable)                                                                                                                                                                                           |
| DEE                                                        | RFIELD BEACH FL 33441-3721                                                                           |                                                                       | 83                                                                  |                                                                                                                                                                                                                                       |
|                                                            |                                                                                                      |                                                                       | 84 City                                                             | FL 85 Zip Code                                                                                                                                                                                                                        |
| SIGNATURE                                                  | m familiar with, and accept the obligation is signature, typed or printed name of registered agent a | and title if applicable. (NOTE: Rec                                   | gistered Agent signature re                                         |                                                                                                                                                                                                                                       |
| 12.                                                        | PSD OFFICERS AND                                                                                     | DIRECTORS    DELETE                                                   | 13.                                                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                     |
| TITLE NAME                                                 | JONES, ROY J                                                                                         |                                                                       | 1.2 NAME                                                            | tud                                                                                                                                                                                                                                   |
| STREET ADDRESS                                             | 650 NE 19TH AVE                                                                                      |                                                                       | 1.3 STREET ADDRESS                                                  |                                                                                                                                                                                                                                       |
| CITY-ST-ZIP                                                | DEERFIELD BEACH FL                                                                                   |                                                                       | 1.4 CITY-ST-ZIP                                                     |                                                                                                                                                                                                                                       |
| TITLE                                                      | \$                                                                                                   | ☐ D€LETE                                                              | 2.1 TITLE                                                           | Addition                                                                                                                                                                                                                              |
| NAME                                                       | JONES, ADA<br>1917 NE 3RD ST #103                                                                    |                                                                       | 2.2 NAME<br>2.3 STREET ADDRESS                                      | CUA NE 1910 Ave.                                                                                                                                                                                                                      |
| STREET ADDRESS                                             | DEERFIELD FL 33441                                                                                   |                                                                       | 2.4 CITY-ST-ZIP                                                     | Deer freed Beach FC, 33441                                                                                                                                                                                                            |
| TITLE                                                      |                                                                                                      | DELETE -                                                              | 3.1-TITLE                                                           | Change □ Addition                                                                                                                                                                                                                     |
| IAME                                                       |                                                                                                      |                                                                       | 3.2 NAME                                                            |                                                                                                                                                                                                                                       |
| STREET ADDRESS                                             |                                                                                                      |                                                                       | 3.3 STREET ADDRESS                                                  |                                                                                                                                                                                                                                       |
| CITY-ST-ZIP                                                |                                                                                                      | ☐ DELETE                                                              | 3.4, CITY-ST-ZIP<br>4.1 TITLE                                       | ☐ Change ☐ Addition                                                                                                                                                                                                                   |
| NAME                                                       |                                                                                                      |                                                                       | 4. 2 NAME                                                           |                                                                                                                                                                                                                                       |
| STREET ADDRESS                                             |                                                                                                      |                                                                       | 4.3 STREET ADDRESS                                                  |                                                                                                                                                                                                                                       |
| OTY-ST-ZIP                                                 |                                                                                                      |                                                                       | 4.4 CITY-ST-ZIP                                                     |                                                                                                                                                                                                                                       |
| TTLE                                                       | ·-                                                                                                   | ☐ DELETE                                                              | 5.1 TITLE                                                           | ☐ Change ☐ Addition                                                                                                                                                                                                                   |
| IAME                                                       |                                                                                                      |                                                                       | 5.2 NAME                                                            |                                                                                                                                                                                                                                       |
| TREET ADDRESS                                              |                                                                                                      |                                                                       | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP                                  |                                                                                                                                                                                                                                       |
| ITLE                                                       |                                                                                                      | ☐ DELETE                                                              | 6.1 TITLE                                                           | . Change Additi                                                                                                                                                                                                                       |
| VAME                                                       |                                                                                                      | _ 55                                                                  | 6.2 NAME                                                            | <del>- • •</del>                                                                                                                                                                                                                      |
| STREET ADDRESS                                             |                                                                                                      |                                                                       | 6.3 STREET ADDRESS                                                  |                                                                                                                                                                                                                                       |
| CITY-ST-ZIP                                                |                                                                                                      |                                                                       | 6.4 CITY-ST-ZIP                                                     |                                                                                                                                                                                                                                       |
| 14. I hereby of indicated officer or                       | on this appual report of supplemental a                                                              | annual report is true and accurati<br>er or trustee empowered to exec | e exemption stated<br>e and that my signa<br>cute this report as re | in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in 3. |

SIGNATURE: ROY J. Jones Pres. 1-24-98 (954) 429-833

CR2F034 (11/9