## 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

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90029 026 \*\*\*150.00

	1999 DIVISION OF CORPORATIONS				İ	05-17-1999 90029 026 ***150.00					
DOCU 1. Corporation	MENT # 28	33384									
c co	MPANY										
Principal Plac	e of Business		Mailing Address								
2787 E.	Oakland Park	Blvd.	2787 E. Oak	land	Par	rk Blv	d.				
Suite 404 Suite 404								DO NOT WRITE	IN THIS	SPACE	
Ft. Lauderdale, FL 33306 Ft. Lauderdal					le, FL 33306			3. Date Incorporated or Qualifed 07/17/64			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Apı	olied For
21		2	6					59-1467771		No	Applicable
Suite, Apt.	#, etc.	2	Suite, Apt. #, etc.	-				5. Certificate of Status Desired		<b>\$8.75</b> A	
City & Stat	ie .		City & State					6. Election Campaign Financing		\$5.00	Mav Be
23		2	8					Trust Fund Contribution		Added to	
Zip	Countr	у	Zip	Cou	ıntry	,		8. This corporation owes the curren	t year Inta		_ i
24	25		9	30	,			Personal Property Tax.			□No
	9. Name and Addre	ss of Current Re	gistered Agent		0.4	N1		10. Name and Address of New Rec	gistered A	gent	
CRAN	E, David W.				81	Name					
							ddres	s (P.O. Box Number is Not Acceptable	e)		
Ft. Lauderdale, FL 33306											
	, _				83						
					84	City			FL	85 Zip C	ode
44 Dumunant	to the provisions of Con	tions 607 0502 and	4 607 1509 Florida Statu	ton the n	bov	o named or	ornor	ation submits this statement for the pu		hanging its	ragistered
office or r	registered agent, or both	, in the State of Flo	orida. Such change was a	authorize	d by	the corpor	ation'	s board of directors. I hereby accept t	he appoint	ment as reg	jistered
agent. I a	im familiar with, and acc	ept the obligations	of, Section 607.0505, Flo	onda Stat	utes	i.					
SIGNATURE	Signature, typed or printed name	of registered agent and t	title if applicable. (NOT	E: Registerer	i Agen	nt signature reg	uired w	hen reinstating)	DATE		
12.		FFICERS AND DI		13.		n organization of the		ADDITIONS/CHANGES TO OFFIC	_	DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 Ti	TLE					Change	Addition
NAME	CRANE, David W.				1.2 NAME						
STREET ADDRESS	0000 - 011 1 0 1 0 1 0 1 0 1				1.3 STREET ADDRESS						1
CITY-ST-ZIP	Ft. Lauderdale, FL 33306				1.4 CITY-ST-ZIP						
TITLE	D DELETE				2.1 TITLE					Change	Addition
NAME	CRANE, Helen Marie				2.2 NAME						
STREET ADDRESS	3535 Bayview Drive				2.3 STREET ADDRESS						
CITY-ST-ZIP	Ft. Lauderdale, FL				2. 4 CHY-ST-ZIP						
TITLE			☐ DELETE	31 TI	TLE					☐ Change	☐ Addition
NAME				32 N	AME						1
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			F		ITY-S	T-ZIP					ET Addition
TITLE			☐ DELETE	4.1 ∏						☐ Change	Addition
NAME					4. 2 NAME						,
STREET ADDRESS				H		ADDRESS					
CITY-ST-ZIP			D BELETE		TY-\$1	T-ZIP				Change	Addition
TITLE			☐ DELETE	51TI 52Na		Ì				☐ Change	☐ Addition
NAME				ll l		TADDRESS					
STREET ADDRESS				11 232	INCE	HUDRESS					ļ

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 apachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

4/30/99

(954) 565-4848

☐ Change

☐ Addition