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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90023 009 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000049015**1. Corporation Name

CITY-ST-ZIP.

SIGNATURE:

500 EIGHTH AVENUE, INC.

Principal Place	e of Business	Ma	ailing Address			•		- i immilimmt um rardr autur monte	8 3 11 1 8 8 1 1 1 8 9 1 1	BIBIR 1811£ 98183	11201 9111 1801
701 SE 6 AVE		701	SE 6 AVE								
SUITE 204			SUITE 204				DO NOT MORE IN THIS SOACE				
DELRAY BEACH FL 33483		DE	DELRAY BEACH FL 33483					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
								06/19/1995	3 0		
2. Principal Pl	tace of Business	2a.	Mailing Address					4. FEI Number		Ap	plied For
21		26						65-0597547			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	
22		27		. =		-					<u>'</u>
City & State	e	- F	City & State					6. Election Campaign Financin	ig 🗀 -	\$5:00° Added t	-
23	<u> </u>	28	44				**-	Trust Fund Contribution			O rees
Žip	Country	-	Zip		intry			8. This corporation owes the c	urrent year ir	rtangible □ Yes	□No
24	25	29	Annal Amant	30	1			Personal Property Tax. 10. Name and Address of New	v Registered		
	9. Name and Address of Curr	ent Regis	tered Agent		81	Name	1	10. Haine and Address of the		- :	
SCH	IEER, DANA M					ļ					
	SE 6 AVE				82	Stree	Addre	ss (P.O. Box Number is Not Acce	ptable)		
	E 204				83						
	RAY BEACH FL 33483										
560	THE BEACH TE SO TOO				84	City			F	85 Zip (Code
	to the provisions of Sections 607.0	E02 and 6	07 1509 Elorido Statu	itee the a	hove	a-name	1 corno	ration submits this statement for t	he purpose o	of changing its	registered
11. Pursuant	egistered agent, or both, in the Sta	to of Florid	07.1506, Florida Statu	iles, ine a	SDOAG	יסויומוייט	a corpo	-'s beard of dispeters. I hereby ac-	cent the appr	ointment as re-	gistered
OHICE OF 1	egistered agent, or both, in the Sta	ite of Florid	a. Such change was	autnorize	a by	the cor	oration	is board of directors, i ficiety ac-	oopt ino opp.		
agent. I a	m familiar with, and accept the obli	igations of	a. Such change was , Section 607.0505, Fl	authorizer orida Stat	a by tutes.	the cor	oralloi	is board of directors. Thereby ab	oopt the opp		
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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.