

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90043 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000053419

1. Corporation Name

500 TRUMAN AVENUE, INC.

Principal Place of Business

2832 NE 21ST COURT  
FT. LAUDERDALE, FL. 33305

Mailing Address

2832 NE 21ST COURT  
FT. LAUDERDALE, FL. 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

2. Principal Place of Business

2a. Mailing Address

21 500 TRUMAN AVENUE

26 10211 W. SAMPLE RD.

4. FEI Number

65-0761736

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 KEY WEST, FL.

27 City & State  
28 CORAL SPRINGS, FL.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 33040 Country USA

29 Zip 33065 Country USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETER P. PARISI CPA  
2832 NE 21ST COURT  
FT. LAUDERDALE, FL. 33305

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

PETER P. PARISI

4/29/99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] DELETE  
NAME PD  
STREET ADDRESS ELI JEAN  
CITY-ST-ZIP 12079 N.W. 1ST STREET  
CORAL SPRINGS, FL. 33065

11 TITLE [ ] Change [ ] Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE [ ] Change [ ] Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE

[Signature]

Eli Jean Resident

4/28/99

(954) 565-1188

Signature typed or printed name of signing officer or director

Date

Daytime Phone #