

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

DOCUMENT # P98000017166

1. Corporation Name
500 BLOCK, INC.

Principal Place of Business
528-A CLEMATIS ST
WEST PALM BEACH FL 33401

Mailing Address
528-A CLEMATIS ST
WEST PALM BEACH FL 33401

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90045 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
65-0814265
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 518 Banyan Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 518 Banyan Blvd
Suite, Apt. #, etc.

22 City & State
23 West Palm Beach, FL
Zip Country
24 33401 25

27 City & State
28 West Palm Beach FL
Zip Country
29 33401 30

9. Name and Address of Current Registered Agent

CORNING, LAWRENCE
528-A CLEMATIS ST
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Corning, Lawrence
83 Street Address (P.O. Box Number is Not Acceptable)
84 518 Banyan Blvd
West Palm Beach
85 City
86 FL 87 Zip Code
88 33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
CORNING, LAWRENCE
528-A CLEMATIS ST
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTSD
Corning, Lawrence
518 Banyan Blvd.
West Palm Beach, FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)