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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FLASH IT CORPORATION

FILED

Apr 28 1998 8:00am

Secretary of State

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Principal Plac	e of Busine:	SS	Mailing	Address					E COMISS MINES ONENE ITMAR CONTR OBSID NOIS NIGHT 31	IBAN ALBAN ANDIN EN	OT OTHER INDE	
7175 SW 477	TH ST		P.O. B	P.O. BOX 558686								
203				MIAMI FL 33155					DO NOT WRITE IN THE	O PDACE		
MIAMI FL 33	155	US	US					DO NOT WRITE IN THIS SPACE				
US									 Date Incorporated or Qualified 07/25/1975 			
2. Principal P	Place of Rusi	iness	2e Mail	ing Address					4, FEI Number		pplied For	
	IECO OF DUS	11033	 	26					59-1618119		lot Applicable	
Suite, Apt.	#. etc.	" 		Suite, Apt. #, etc.					_		Additional	
22	, •		<u> </u>	27					5. Certificate of Status Desired		lequired	
City & Stat	te			City & State					6. Election Campaign Financing	\$5.00) May Be	
23			28	28					Trust Fund Contribution Added to Fees			
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible				
24		25	29		30				Personal Property Tax due June 30.		⊃Ño	
	9. Name	e and Address of Cur	rent Registered	Agent		Ι.,			10. Name and Address of New Registered	d Ågent		
LE	HRMAN, J	effrey e.				81	Name					
2699 6. BAYSHORE DR.						82	Street A	Addres	ss (P.O. Box Number Is Not Acceptable)			
MI	AMÍ FL						0					
						83						
						84	City			. 85 Zip	Code	
							Oity		F			
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, lype	d or printed name of registered				d Age	nt signature	required	when reinstating) DATE	ID DIDEOTO	DO 111 40	
12.	PD	OFFICERS /	AND DIRECTOR	S DELETE	13.	T) F	- 1		ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
TITLE	SHERRY, JOHN			• • • • • • • • • • • • • • • • • • • •		1.1 TITLE 1.2 NAME				☐ cuanâe	L Addition	
NAME		CATALONIA AVE			4							
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STREET ADDRESS	η.						ADDRESS					
CITY-ST-ZIP	ı				6.4 CI	17-51	I-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 attachging with an address.