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 # L57972

1. Corporation Name

555, INC.

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90011 019 ***150.00

	<u> </u>

					─{	1 8 17 8 187 9181	8 18 11 B 18 1 F 18 B 1
Principal Place of Business Mailing Address							
1915 FLORANADA ROAD STE 104-B 1915 FLORAN			C/O KENNETH H. SHAPIRO 1915 FLORANADA ROAD STE 104-B FORT LAUDERDALE FL 33308		DO NOT WRITE IN TUIC	SDACE	
		FORT LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					03/13/1990		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		oplied For
21		26		_	65-0231297		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State				6. Election Campaign Financing		May Be	
23				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Int		П.,
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
0114	DIDO VENNETILI		81	Name	•		
SHAPIRO, KENNETH H.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	5 FLORANADA ROAD		["				
SUITE 104-B FORT LAUDERDALE FL 33308			83	3	·	. , ,	
			. 84	City	FL	85 Zip	Code
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was autr	nonzea b	/ tne corporati	poration submits this statement for the purpose of lon's board of directors. I hereby accept the appoint appoint the purpose of the purpose of the purpose of the purpose of the purpose of the purpose of the purpose the purpose the the purpose the the purpose the the purpose the the purpose the the purpose the the the the the the the th	changing its ntment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable (NOTE: R	egistered Age	ent signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.	~	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	ORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SHAPIRO, KENNETH H.		1.2 NAME				
STREET ADDRESS	5 0 50V 7470 NV4		1,3 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
	1		2. 4 CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	01.21		☐ Change	☐ Addition
NAME	1		3.2 NAME		•		
)			ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		□ DELETE	4.1 TITLE			Change	Addition
			4. 2 NAMS		×. • -		
NAME			1	1			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	31-ZIP	30.7	☐ Change	Addition
TITLE	1	- perele	5.1 HILE 5.2 NAME				ш.
NAME				ET ADDRESS			
STREET ADDRESS	6						
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE		<u> </u>	Change	Addition
TITLE		☐ DELETE	•			☐ cuands	C) Addition
NAME			6.2 NAME				
STREET ADDRESS	5		1	ET ADDRESS			
	I .			ет 710			

I hereby certify that the information supplied with the filling 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 receipts or trustee and sowered 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 additional statutes, with all other like empewered. 14. I hereby certify that the information supplied with this filing does

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR