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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300006858 1. Corporation Name

Principal Place of Business

THE BALANCE SHEET, INC.

Principal Place	,				Í				
725 HUMMINGB	IRD WAY	725 HUMMINGBIRD WAY			1 "				
111	22402	111 N PALM BCH FL 33408			DO NO	OT WRITE IN THIS	SPACE		
N PALM BCH FL 33408 US		US			3. Date Incorporated or Qualifed				]
					01/25/1993				{
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	1
21		26			65-0392839		N	ot Applicable	1
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	]
22	• • •	27			5. Certificate of Status De	sired 🗌	Fee R	equired	
City & State	)	City & State	-		6. Election Campaign Fina	ancing _	\$5.00	May Be	]
23		28			Trust Fund Contribution	n	Added	to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes t	the current year int	angible		
24	25	29	30		Personal Property Tax.				]
	9. Name and Address of Current	<del></del>			10. Name and Address of	f New Registered	Agent		1
		· ·	8	1 Name					Į
Taylor, maxine l			8	Street Address (P.O. Box Number is Not Acceptable)					$\dashv$
725 (	Hummingbird Way			2 Street Au	Idless (F.O. Dox (4diliber is 140)	recoptaine)	•		
111	•		Ī	3					}
N PA	ALM BCH FL 33408		L			<u> </u>	- ( -   <del>-</del>	-	1
			8	4 City		FL	85   Zip	Code	
44 Purcuant 6	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s the abo	ve-named co	progration submits this statement	t for the purpose of	changing it	s registered	1
office or re	ogistered agent, or both, in the State o	f Flonda. Such change was at	ithonzea (	ov the corbora	ation's board of directors. I hereb	by accept the appoi	ntment as r	egistered	1
				•					1
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statut	es.					ļ
agent. I ar SIGNATURE	m familiar with, and accept the obligati		ida Statut	es,		DATE			
agent. I ar	m familiar with, and accept the obligation	and title if applicable. (NOTE:	Registered A	es,	uired when reinstating)	DATE	ID DIRECT	ORS IN 12	(98)
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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 cath; 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:

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 045 \*\*\*150.00