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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P94000025703 1. Corporation Name

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90024 022 \*\*\*150.00

| EVENIS   | MADE E Z, INC.  |  |  |   |                                 |                                |                                     |   |
|--|---|--|--|---|---------------------------------|--------------------------------|-------------------------------------|---|
| Principal Place  | e of Business   | Mailing Address  |  | 1   |                                 |                                |                                     |   |
| 8560 PAGLE PL  | IN DR.  | 8560 EAGLE MUN DR.   |  | 1.  |                                 |                                | ,                                   |   |
| BOCA BATTON FL 33434 BOCA RATTON FL 33434  |   |  |  |   |                                 |                                |                                     |   |
| US VS  |   |  |  | DO NOT WRI  | TE IN THIS S                    | PACE                           |                                     |   |
| -  |   |  |  | 3. Date incorporated or Qualifed  |                                 |                                |                                     |   |
|  | l   | D. Mailing Address   |  | 04/04/1994<br>4. FEI Number   |                                 | TAN                            | plied For                           |   |
|  | lace of Business  | 2a. Mailing Address  | an Circle  | 65-0478027  |                                 |                                | t Applicable                        |   |
| 21 6815<br>Suite, Apt.   | E. ROGERS (JRC)   | 3 26 68 0 E Keger<br>Suite, Apt. #, etc.   | 15 arove   |   |                                 | \$8.75 A                       |                                     |   |
| 22   | π, σιο.   | 27   |  | 5. Certificate of Status Desired  |                                 | Fee Re                         |                                     |   |
| City & State   |   |  | W FL   | Election Campaign Financing     Trust Fund Contribution                             |                                 | \$5.00<br>Added to             |                                     |   |
| Zip  | Country   | Zip _20,100  | Country  | 8. This corporation owes the curre  | ent vear Intar                  | -                              |                                     |   |
| 24 334   | 87 25 USA   | 29 44 40 518 / 3   | i USA  | Personal Property Tax.  | )                               |                                | □No                                 |   |
|  | 9. Name and Address of Curre  |  | <u> </u>   | 10. Name and Address of New R   | Registered A                    | gent                           |                                     |   |
|  |   |  | 81 Name  |   |                                 |                                |                                     |   |
|  | KIN, EDWARD D   |  | 82 Street Add  | ress (P.O. Box Number is Not Accepta  | able)                           | -                              |                                     |   |
|  | GLADES RD.  |  | OZ Suber Add   | ileas (F.O. Dox Humber is Not Floodpic  | .0.07                           |                                |                                     |   |
|  | E 114   |  | 83   |   |                                 |                                |                                     |   |
| BOC  | A RATON FL 33431  |  | BA City  |   |                                 | 85 Zip C                       | `oda                                |   |
|  |   |  | 84 City  |   | FL                              | 03 24                          |                                     |   |
| office or r  | to the provisions of Sections 607.05 registered agent, or both, in the State  | e of Florida. Such change was auth   | horized by the corporati   | poration submits this statement for the<br>ion's board of directors. I hereby accep | purpose of cl<br>of the appoint | ment as rec                    | pistered                            |   |
| office or e  | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig   | e of Florida. Such change was auth<br>ations of, Section 607.0505, Florid  | horized by the corporati   | on's board of directors, I hereby accepted when reinstating)                        | DATE                            | ment as reç                    | Jistered                            | ĝ                                       |
| office or r<br>agent. I a  | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A   | e of Florida. Such change was auth<br>lations of, Section 607.0505, Florid<br>pent and title of applicable. (NOTE: R<br>IND DIRECTORS              | horized by the corporation in the Statutes.  | ion's board of directors. I nereby accep  | DATE                            | DIRECTO                        | RS IN 12                            | 100                                     |
| office or r<br>agent. I a<br>SIGNATURE   | egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A   | e of Florida. Such change was auth<br>ations of, Section 607.0505, Florid<br>pent and title if applicable. (NOTE: R                                | norized by the corporation of th | on's board of directors, I hereby accepted when reinstating)                        | DATE                            | ment as reç                    | Jistered                            | 100                                     |
| office or ragent. I a SIGNATURE  | egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  P  ZUCKERMAN, EDWARD   | e of Florida. Such change was auth<br>lations of, Section 607.0505, Florid<br>pent and title of applicable. (NOTE: R<br>IND DIRECTORS              | honzed by the corporation in the corporation is a statutes.  egistered Agent signature require 13.   | on's board of directors, I hereby accepted when reinstating)                        | DATE                            | DIRECTO                        | RS IN 12                            | (00,17)                                 |
| office or ragent. I a SIGNATURE  12.   | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A P ZUCKERMAN, EDWARD 8560 EAGLE RUN DR.  | e of Florida. Such change was auth<br>lations of, Section 607.0505, Florid<br>pent and title of applicable. (NOTE: R<br>IND DIRECTORS              | egistered Agent signature require  13. 1.1 TTLE  | on's board of directors, I hereby accepted when reinstating)                        | DATE                            | DIRECTO                        | RS IN 12                            | (00,11)                                 |
| office or ragent. I a SIGNATURE  12. TITLE NAME  | egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A P ZUCKERMAN, EDWARD 8560 EAGLE RUN DR. BOCA RATON FL 33434  | e of Florida. Such change was autiliations of, Section 607.0505, Florid ient and title if applicable. (NOTE: R ND DIRECTORS                        | egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | on's board of directors, I hereby accepted when reinstating)                        | DATE FICERS AND                 | DIRECTO                        | RS IN 12                            | (00/17) TOOLOGO                         |
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14. I hereby certify that the information supplied with this fling 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 of supplemental angual 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 pranged, or on an attachment with an address, with all other like empowered.

SIGNATURE: