PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000002686 1. Corporation Name

BID-N-BUY INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90084 050 ***150.00



Mailing Address Principal Place of Business 101 S. STATE ROAD 7 101 S. STATE ROAD 7 SUITE 203 SHITE 203 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33023-6736 HOLLYWOOD FL 33023-6736 3. Date Incorporated or Qualifed 01/02/1998 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes the current year Intangible Zip □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEN-SHUMUEL, LIOR Street Address (P.O. Box Number is Not Acceptable) 82 20225 NE 34 DELVISTA APT 2112 **AVENTURA FL 33180** 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change PD ☐ DELETE 1.1 TITLE TITLE BEN-SHMUEL, LIOR 1.2 NAME NAME 20225 NE 34 DELVISTA APT 2112 1.3 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE QUIGLEY, JENNIFER 2.2 NAME NAME 20225 NE 34 DELVISTA APT 2112 2.3 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME -3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME

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.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)