PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095331

1. Corporation Name

STIMMING.COM, INC.

	_				
Principal	Place	of	Business		

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90012 041 ***158.75

									4		
Principal Place of Busin	lace of Business Mailing Address			1 14411441 175 72151 72111 52111	##144 ##411 ##41#	18:51 81168 11161	1 11101 1101 1001				
4690 NW 102 AVE STE. MIAMI FL 33178	· · · · · · · · · · · · · · · · · · ·										
	*				DO NOT WRITE IN THIS SPACE						
				3. Date Incorporated or Qualifed							
						11/12/1998					
2. Principal Place of B	usiness	2a. Mailing Address			4, FEI Number		Ar	pplied For			
न्ते		26	26		65-087464	49	No.	ot Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
City & State	* % *		.City & State		6:-Election.Campaign Financin Trust Fund Contribution	ng. 🗀		May Be to Fees			
Zip	Country		Zip Country		8. This corporation owes the current year Intangible						
ਗ	25	29				Personal Property Tax.		ŬYes	MNo		
0 Na	me and Address of Current			1		10. Name and Address of New Registered Agent					
<u> </u>				81	Name		_				
STIMMING, HANS J 4690 NW 102 AVE., STE. 201 MIAMI FL 33178											
		82	Street Ad								
		83									
		(*)	[
•				84			FL	_	Code		
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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Apent signature required when reinstating) OATE											
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO	OFFICERS AN				
	□ DELETE 117TH					400 A 100 B		☐1 Change	™ Addition		

Hans J. Stimming 1.2 NAME NAME ste. 201 4690 NW 102 Ave. STREET ADDRESS 1.3 STREET ADDRESS 33178 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 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 CITY-ST-ZIP 4.4 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 ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-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 or an attachment with an address, with all other like empowered.

178. SIGNATURE:

CR2E034 (1.1/98)