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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90032 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000079850**

1. Corporation Name
SORSO, INC.

Principal Place of Business: 2612 N.E. 18TH ST. POMPANO BEACH FL 33062 US

Mailing Address: 2612 N.E. 18TH ST. POMPANO BEACH FL 33062 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1305 Fallsbrook Terr.**

2a. Mailing Address: **1305 Fallsbrook Terr.**

22. Suite, Apt. #, etc.

23. City & State: **Aleworth GA**

24. Zip: **30101** 25. Country: **USA**

27. City & State: **Aleworth GA**

28. Zip: **30101** 29. Country: **USA**

3. Date Incorporated or Qualified: **09/26/1996**

4. FEI Number: **65-0706141** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM F
2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: **FL** 85 Zip 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IRWIN, TYE
STREET ADDRESS	2612 N.E. 18TH ST.
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D <input type="checkbox"/> DELETE
NAME	IRWIN, STEPHANIE
STREET ADDRESS	2612 N.E. 18TH ST.
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President Stephanie Shaw
2.3 STREET ADDRESS	1305 Fallsbrook Terrace
2.4 CITY-ST-ZIP	Aleworth GA 30101
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Stephanie A. Shaw** **STEPHANIE A. Shaw** Date: **2/22/99** Daytime Phone #: **7666 770-425**

CR2E034 (1/98)