**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 642926 1. Corporation Name

BRINGING PEOPLE TOGETHER DATING SERVICE, INC.

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Principal Place of Business Mailing Address							,	
39 3RD ST SW. #207 39 3RD ST SW. #207								
P.O. BOX 1651		P.O. BOX	P.O. BOX 1651					
WINTER HAVEN FL 33882 WINTER HAVEN FL 33882				DO NOT WRITE IN THIS		TE IN THIS SPACE		
						3. Date Incorporated or Qualifed		,
	•		_			10/24/1979		
2. Principal Place	of Business	2a. Maili	ng Address			4. FEI Number		Applied For
21						59-1959679		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5Certifcate of Status Desired		75 Additional
27						5 Certificate of Status Desired	Fe	e Required
City & State	· ·	City	City & State			6. Election Campaign Financing	\$5.	.00 May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25 29		30		Personal Property Tax.			
	9. Name and Address of Currer			<u>.                                      </u>		10. Name and Address of New	Registered Agent	
<del></del>				81	Name			
DOUGLAS A. LOCKWOOD III					***************************************			
141 5TH ST. N.W. SUITE 300				82	2 Street Address (P.O. Box Number is Not Acceptable)			
WINTER HAVEN FL 33883				83	83			
***********				00		•	•	·
				84	City		85	Zip Code
_	·			1			FL   ° °	
office or regis	he provisions of Sections 607.050 stered agent, or both, in the State amiliar with, and accept the obliga	of Florida, Su	ch change was aut	honzéd by	the comoratio	oration submits this statement for the on's board of directors. I hereby acce	purpose of changing the purpose of the appointment a	g its registered as registered
agent. i am i	arrillar with, and accept the conga	mons or, secu	011 007 .0303, 1 1011t	20 Oldidaes	•			
SIGNATURE	nature; typed or printed name of registered age	nt and title if popie:	phle (NOTE: 6	Registered Age	nt signature require	d when reinstating)	DATE	——
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO O	FICERS AND DIRE	CTORS IN 12
	VCT		□ nei ete	1.1 TITLE				
	EGARMO, DANIEL J	_<	چ . ک	1.2 NAME	[n]	PRES EGARMO DANIEL 1007 WEST LAK UNTER HAJEN	J'ECOUSE	T581.
740 001 FMM PROPERTY A D D C				TADDRESS A	1001 WEST LAKE	E E COLSE	16 2.0	
18	INTED MAYEN EL COCCO	CHAM			ALDRESS	LITER HAVEN	SI. 3388	$\boldsymbol{\varphi}$
	/INTER HAVEN, FL 00000		☐ DELETE	1.4 CITY-S	T-ZIP (C	NINTER BILL	Cha	ange Addition
TITLE			□ DELETE	2.1 TITLE			_ 5.1.6	
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>	<u> </u>		2. 4 CITY-5	ST-ZIP			
TITLE				3.1 TITLE		*	Cha	ange
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS		•	
CITY-ST-ZIP				3.4, CITY-5	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE			Cha	ange Addition
NAME	•			4. 2 NAME				
STREET ADDRESS				4.3 STREE	TADDRESS			
					Ì			ļ
CiTY-ST-ZIP	<del></del>		☐ DELETE	5.1 TITLE	11-21	·	. Dha	ange Addition
TITLE				5.1 NAME				<u> </u>
NAME				i i	T ADDRESS	•		
STREET ADDRESS .								Ì
CITY-ST-ZIP		<u> </u>		5.4 CITY- S	- I-ΔP			naa   Addition
TITLE			☐ DELETE	6.1 TITLE		•	☐ Cha	ange
NAME	•			6.2 NAME		•		
STREET ADDRESS	·		4	6.3 STREE	TADORESS		•	ì

6.4 CITY-ST-ZIP

SIGNATURE:

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 accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation 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 charged or on an attachment with an address with an other like empowered.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90092 005 \*\*\*150.00