## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F46584**

1. Corporation Name

C-X RESEARCH, INC.

Principal Plac	ce of Business	Mailing Address			E JOHEJOO HEE BIRED DEGLE AFED	IONI BIOL BIOL	IR BUBBI DIBIK BED	
15865 79TH TERR N 15865 79TH TERR PALM BEAHC GARDENS FL 33418 PALM BEACH GARDENS FL US US			L 33418		DO NOT W	RITE IN TH	IS SPACE	
					3. Date Incorporated or Qualife	d		
2 Dringing F	Name of Displaces		<u> </u>		09/24/1981			
<b>⊢</b> − ′	Place of Business	2a. Mailing Address			4. FEI Number			Applied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2125825			Not Applicable
22		27			5. Certifcate of Status Desired	X	,	Additional Required
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	'	-	May Be I to Fees
Zip 24	Country 25	Zip 29	Countr	у	8. This corporation owes the cu	rrent year I	ntangible	
9. Name and Address of Current Registered Agent					Personal Property Tax.  10. Name and Address of New	Registere	☐ Yes	□No
			81	1 Name	70. Nume and Address of New	Negistere	u Agent	
	ULA, MARK J.		82	2 - C4	(D.O. D. W. J. J. W. J. J. W. J. J. W. J. J. W. W. J. W. J. W. J. W. J. W.			<del></del>
	55 79TH TERR N		04	Street Ad	ddress (P.O. Box Number is Not Accep	table)		
PALI	M BEACH GARDENS FL 3341	18	83	3			1.33	
			84 City			<u> </u>	85 Zip	Code
				,		F		
Office Of I	egistered agent, or butti, in the Si	iale di Fiorida. Such change was al	es, the abov	re-named co	proporation submits this statement for the	D DUITDAGG	<u> </u>	
Office Of I	egistered agent, or butti, in the Si	.0502 and 607.1508, Florida Statute tate of Florida. Such change was au oligations of, Section 607.0505, Flor	es, the abov	re-named co	propration submits this statement for thation's board of directors. I hereby acceptance	D DUITDAGG	<u> </u>	
Office Of I	m familiar with, and accept the ob	oligations of, Section 607.0505, Flor	es, the abov ithorized by ida Statutes	/e-named co / the corpora s.	ation's board of directors. I hereby acce	e purpose o	<u> </u>	
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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.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90012 048 \*\*\*158.75