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PROFIT CORPORATION ANNUAL REPORT

1999

THIN IS IN, INC.

DOCUMENT # F86793



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90036 024 ***150.00



Principal Place	of Business	Mailing Ad	ddress				-		HEALE BAILS 1900	<u>ka iakan ii</u>				
8251 W SUNRISE BLVD		•	8251 W SUNRISE BLVD											
PLANTATION FL 33322			PLANTATION FL 33322					DO NOT WRITE IN THIS SPACE						
											N THIS S	PACE		
								ate Incorporat	ed or Quali	rea				
			_ ^					6/24/1982 El Number				A	oplied For	
2. Principal Place of Business		<u> </u>	2a. Mailing Address									<u> </u>	ot Applicable	
21			Suite, Apt. #, etc.					<u>9-2207241</u>					Additional	
Suite, Apt. #, etc.			<u> </u>				5. C	ertifcate of Sta	atus Desire	: 🗆		•	equired	
City & State			City & State				£ E	lection Campa	ion Financi	na		\$5.00	May Be	
23		28	<u>├</u> ¬ '					rust Fund Cor	-	'' ⁹ 🗆		•	to Fees	
Zip	Country	Zip		Country	y		8. T	his corporation	n owes the	current y	ear Intag	ngible		
24	25	29		30				ersonal Prope		,		Yes	□No	
	9. Name and Address of Curr	rent Registered A	\gent				10. N	lame and Add	iress of Ne	w Regis	stered A	gent		
				81	I Na	ame								
	SOVER, SUSAN			82	2 51	reet Addre	ess (P.O). Box Number	is Not Acc	eptable)	••			
10897 N.W. 6TH ST.							ess (P.O. Box Number is Not Acceptable)							
COR	AL SPRINGS FL 33071			83	3									
	•			84	ı c	itv		· ·-·				85 Zip	Code	
						-					FL			
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	0502 and 607.1508	8, Florida Statute	es, the abov	/e-na	med corpo	oration s	submits this sta	atement for	the purp	ose of cl	hanging its	registered aistered	
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office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ligations of, Sectio	n change was a n 607.0505, Flo	utnonzed by rida Statutes	/ the	corporatio	on's boar	ia di allectors.		осері ше	; арроніі	ment as re	_	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 340-113 / Daytime Phone #