PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G79937** 1. Corporation Name

X-OUTS, INC.

Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90090 025 ***150.00

Principal Place of Business Mailing Address	D 10710 1000 Błūsi giūti giūti giāti utāti atāti lādi
1201 E. OAKLAND PARK BLVD. 1201 E. OAKLAND PARK BLVD.	
FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334	
US	RITE IN THIS SPACE
3. Date Incorporated or Qualife	ea ea
22 Principal Place of Business 2a, Mailing Address 4. FEI Number	Applied For
50 4440400	Not Applicable
Suite Ant # etc.	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	9 \$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the co	urrent year Intangible
24 25 29 30 Personal Property Tax.	☐ Yes 🗹 No
Name and Address of Current Registered Agent 10. Name and Address of New	v Registered Agent
81 Name	
HELM, JAMES C 82 Street Address (P.O. Box Number is Not Acce	ptable)
1783 N.W. 81ST AVE.	
CORAL SPRINGS FL 33071	
84 City	85 Zip Code
	FL 00 25 const
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby according to the corporation of the	cept 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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.

SIGNATURE:

SIGN SIGNING OFFICER OR DIRECTOR TURE AND TYPED OF