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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# 1. Corporation Name

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90069 024 ***150.00

CONFOR	MIE PHUPERIT SERVICE	3, INC.							
Principal Place	of Business	Mailing Address			···	T (BAİLKA BIAK ALEKI AALAA SILIA		I	11 6 21 81811 1881
600 FAIRWAY DRIVE 600 FAIRWAY DRIVE SUITE 104 SUITE 104 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441			L 33441				RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	10		İ
	·	2a. Mailing Address			-	01/05/1987 4. FEI Number		T An	plied For
——	ace of Business	<u> </u>				59-2813575		<u> </u>	t Applicable
Suite, Apt. :	# etc	Suite, Apt. #, etc			 -			\$8.75	
22	,, 610.	27				5. Certificate of Status Desired		Fee Re	equired
City & State	9	City & State			•	6. Election Campaign Financin	9 🗆	\$5.00	May Be
23		28				Trust Fund Contribution	<u> </u>	Added t	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the co	urrent year Int		_/
24	25	29	30			Personal Property Tax.		Yes	⊡ Mo
	9. Name and Address of Curre	ent Registered Agent		041		10. Name and Address of Nev	Registered	Agent	
CC: T	ON DAVID I	;		81 1	Name				
FELI	ON, DAVID J.	(a) yel		82 3	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
600 FAIRWAY DRIVE SUITE 104			83			****			
	RFIELD BEACH FL 33441			83				2	
	,				City		FL	1 1 '	Code
40.3	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607 1509 'Elorida'	Statutes the a		amed com	poration submits this statement for the	he nurnose of	changing its	registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change	was authorized	by the	e corporati	on's board of directors. I hereby acc	ept the appoi	ntment as re	gistered
o i agent la	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Stati	ites.					
	and the second s								
SIGNATURE	Clearly hand a printed name of projetered or	ant and title if englicable	/NOTE: Registered	Agent si	anature require	ed when reinstating)	DATE		
	Signature, typed or printed name of registered ac	gent and title if applicable.	(NOTE: Registered	Agent si	gnature require	ed when reinstating) . ADDITIONS/CHANGES TO 0		ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS A		13.		gnature require			D DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	īLE .	gnature require				
12.	PSD FELTON, DAVID J.	ND DIRECTORS	13. ΤΕ 1.1 Π 1.2 N/	īLE .					
12. TITLE NAME STREET ADDRESS	PSD FELTON, DAVID J. 600 FAIRWAY DRIVE, SUITE	ND DIRECTORS DELE	13. TE 1.1 TI 12 N/ 1.3 ST	TLE ME	DORESS			Change	☐ Addition
12. TITLE NAME	PSD FELTON, DAVID J.	ND DIRECTORS DELE	13. TE 1.1 TI 12 N 1.3 ST 1.4 CI	TLE IME REET AL	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FELTON, DAVID J. 600 FAIRWAY DRIVE, SUITE	ND DIRECTORS DELE	13. TE 1.1 TI 12 N 1.3 ST 1.4 CI	TLE ME REET AL TY-ST-Z	DORESS			Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD FELTON, DAVID J. 600 FAIRWAY DRIVE, SUITE	104	13. TE 1.1 TT 1.2 NV 1.3 ST 1.4 CI TE 2.1 TT 2.2 NV 2.3 ST 2.4 C	TLE ME REET AL TY-ST-Z TLE ME REET AL TY-ST-Z	DDRESS CIP DDRESS			☐ Change	Addition
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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 suppliemental 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 conforation 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 18 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE