PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J65432**

1. Corporation Name

PLUS FIVE, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90178 042 ***150.00



	· ·				
Principal Place of Business Mailing Address					
		HOLLYWOOD FL 33021	OC.		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/03/1987
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26			 		59-2811581 Not Applicable \$8.75 Additional
— · · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired Fee Required
22		City & State	Titu & State		6. Election Campaign Financing \$5.00 May Be
23	28	2 01010		Trust Fund Contribution Added to Fees	
Zip Country Zip			Count	rv	8. This corporation owes the current year Intangible
		<u> </u>	30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
			8	1 Name	
MANDEL, RENEE			9	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
3541 N. 54TH AVENUE				2 Olicel Addi	(1.5. Day regimes to reconsiders)
HOLLYWOOD FL 33021			8	3	
				4 City	■■ 85 Zip Code
				'	FL `
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on the familiar with, and accept the obligat	of Florida. Such change was auth	ionized b	by the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agen			gent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD OFFICERS AN	D DIRECTORS DELETE	13.	: -	ADDITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 12
NAME	MANDEL, RENEE		1.2 NAM	1	
STREET ADDRESS	1			ET ADDRESS	
	HOLLYWOOD FL 33021		1.4 CITY		
CITY-ST-ZIP	11022(1100012 00021	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAM	E	
STREET ADDRESS			2.3 STR9	ET ADDRESS	
CITY-ST-ZIP	والرابس والمراطلين لصماحتسستج لجيود	عبدا بدايتهمعميرجوء ياء		-ST-ZIP	المراب المراب المعطون والمستنفض المستنف المرابع المرابع المعاول المستنفظ المرابع
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME I	·		3.2 NAM	E	· · ·
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NAME			4. 2 NAM	ie	i
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP		'	4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME (•	5.2 NAM	Ε,	
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM	E	
STREET ADDRESS			6.3 STRE	ET ADDRESS	
SINEELYDDIAEOO					

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 arrival 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 traspet 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 of the corporation of the receiver or traspet an address, with all other like empowered.

SIGNATURE:

QUIRED OFFICER OR DIRECTOR