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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90028 030 ***150.00

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1. Corporation Name

FLORIDA ECONOMETRIX, INC.

Principal Place of Business
900 S.W. 69TH PIACE MIAMI FL 33156 ### MAMI FL 33156 ### MAMI FL 33156 ### DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/19/19/87 2. Principal Place of Business 2. A Mailing Address 2. A Mailing Address 2. A Fell Number
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
2. Principal Place of Business 2. Mailing Address 4. FEI Number 6. FOOD 143/68 Not Application 1. FEI Number 6. FOOD 143/68 Not Applicable 1. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired \$8.75 Additional Fee Required Status
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27 City & State
Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes No Yes No Personal Property Tax. Yes
Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax Yes No
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9. Name and Address of Current Registered Agent LESTER, PAUL A. 200 SOUTH BISCAYNE BLVD. SUITE 2100 MIAMI FL 33131 82. Street Address (P.O. Box Number is Not Acceptable) 83. Mame 84. City FL 85. Zip Code 11Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE DVP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DVP OFFICERS AND DIRECTORS 14. CITY-ST-ZIP MIAMI FL 15. STREET ADDRESS CITY-ST-ZIP MIAMI FL 16. DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP MIAMI FL 16. Change Addition Change
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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 corporation or the receiver of the corporation of the corp

SIGNATURE: