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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K76012 1. Corporation Name

GO 4 IT, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90014 007 ***150.00



Principal Place	e of Business	Mailing Address						I MINIS DINII SRAS	
1216 SOUTH D	. *	3318 NE 16TH PLACE							
POMPANO BEACH FL 33060 FORT LAUDERDALE FL 33305						•			
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/28/1989			4
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		oplied For	- 1
21		26				65-0596470		lot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired [•	Additional Required	
22		27 City & State						· · · · · · · · · · · · · · · · · · ·	\dashv
City & Stat	8	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
23 Zio	Country	Zip	Col	intry		This corporation owes the current		10100	┨
Zip		<u> </u>	30			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curren		[30]	1		10. Name and Address of New Reg	istered Agent		1
	g. Natite and Address of Odrice	, regiotorea rigent		81 Name		,			7
, VIES	TA, JR. J						- >		4
3318	NE 16TH PLACE			82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable		CALO CHE 7591	
FOR	T LAUDERDALE FL 33305			83			4 30 4 1 1	1375 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
						<u>。 </u>		19 N. 18	4
				84 City		•	FL 85 Zip	Code	
44 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	tes, the a	l l bove-name	d corpor	ration submits this statement for the pu	rpose of changing i	ts registered	7
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	utnorized	o by the cor	poration	's board of directors. I hereby accept the	he appointment as	registered	
agent.ia	m ramiliar with, and accept the obliga	tions of, Section 607.0303, Flo	nica Stat	utes.					}
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (NOTE	: Registered	Agent signatur	required v	when reinstating)	DATE .		1 5
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12] <u>ĕ</u>
TITLE .	P. 12: 20: 20: 20:	☐ DELETE	1,1 Ti	TLE			Change	Addition	5
NAME	VIESTA, JR. J		1.2 N						
STREET ADDRESS	3318 NE 16TH PLACE		,,,,,,	AME.				·,	
	EART LAUREDBALLE EL			AME TREET ADDRES	s			*** **	7001
CITY-ST-ZIP	FORT LAUDERDALE FL		1.3 \$		5				ינטיונטי
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	S VIESTA, JOYCE A	☐ DELETE	1.3 S 1.4 C	TREET ADDRES	S		☐ Change	e Addition	70000
TITLE	S	☐ DELETE	1.3 S 1.4 C 2.1 TI 2.2 N	TREET ADDRES			☐ Change	Addition	70000
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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: