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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L59947

1. Corporation Name ME-TOO, INC.

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

01-21-1999 90067 021 ***150.00



Principal Place of Business Mailing Address 2229 CIRCLEWOOD DR 2229 CIRCLEWOOD DR SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0177825 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State . City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WOODS, R.S. 2229 CIRCLEWOOD DR Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34231 83 84 City Zip Code 85 11. Pursuant 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) / / / // 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE Addition TITLE 11 TITLE Change WOODS, JANET L NAME 1.2 NAME 2229 CIRCLEWOOD DR STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DST · Addition ☐ DELETE Change TITLE 2.1 TITLE WOODS, RICHARD S NAME 2.2 NAME 2229 CIRCLEWOOD DR STREET ADDRESS 2.3 STREET AODRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 TITLE M35,8 \$" 3.2 NAME 的数据的证明。 STREET ADDRESS 3.3 STREET ADDRESS ASOTA PL 3-70° CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 2229 GSC 197-G 251-151 6.2 NAME NAME SAGRED IN 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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:

CR2E034 (11/98)