Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90076 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** L74002 1. Corporation Name

SOMETH	IING DIFFER	ENT, INC.											
Principal Place of Business Mailing Address									i ettiliter die janti didie farir	48(18 1(9) A(9))	91811 \$1811 \$1811 9		
22783 SR 7 22783 S SR 7								1					
STE 1 STE 1									DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33428 BOCA RATON FL 33428					-			3. Date Incorporated or Qualifed					
US	•	•	US					- 1	05/17/1990				
2 Bringing B	lace of Business		2a. Mailing Ad	dress					FEI Number		Aρ	plied For	
-	lace of Dusiness		26					65-0206949			t Applicable		
Suite, Apt.	# etc		Suite, Apt. #, etc.								\$8.75 A	dditional	
_	#, etc.		27					5.	Certificate of Status Desired		Fee Re		
2 City & Stat			City & Stat	 te				6	Election Campaign Financir	<u> </u>	\$5.00	May Re	
3			28					Trust Fund Contribution Added to Fees					
Zip		Country	Zip		Country	/		8.	This corporation owes the c	urrent vear Ir	ntangible	,	
4	25	, , , , , , , , , , , , , , , , , , ,	29	30	ה `			1	Personal Property Tax.	,	ŬYes	E No	
4]		9. Name and Address of Curren			<u>- </u>	T		10.	Name and Address of Nev	v Registered	Agent		
					81	Na	me						
HENDERSON, GLENN C., ESQ.													
4431 SW 64TH AVE #119					82	! Str	eet Addro	ress (P.O. Box Number is Not Acceptable)					
DAVIE FL 33314						83							
D /11	IE E 55511												
					84	City	¥			FI	85 Zip 0	Code	
11. Pursuant office or agent. I a	to the provisions registered agent, am familiar with, a	of Sections 607.05 or both, in the State and accept the oblig	02 and 607.1508, Floor of Florida. Such characteristics of Section 60	orida Statutes, ange was auth 7.0505, Florid	, the abov norized by a Statutes	re-nan r the c s.	ned corpo orporatio	oration on's bo	n submits this statement for to pard of directors. I hereby ac	he purpose o cept the appo	of changing its pintment as re	registered gistered	
SIGNATURE	Signature, typed or pr	inted name of registered ag	ent and title if applicable.	(NOTE: Re	egistered Age	nt signa	ture required	d when re	einstating)	DATE			
12.		OFFICERS A	ND DIRECTORS		13.				ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	PD			DELETE	1,1 TITLE						☐ Change	Additio	
NAME	WHITE, ROB	ert d Jr.			1,2 NAME		- 1						
STREET ADDRESS	1212 HILLSB	ORO MILE			1,3 STREE	TADDR	ESS						
CITY-ST-ZIP	ITY-ST-ZIP HILLSBORO BEACH FL				1.4 CITY-ST-ZIP								
TITLE			Ū	DELETE	2.1 TITLE	٠,		_		-	☐ Change	Additio	
NAME)				2.2 NAME								
STREET ADDRESS	4 4 1 7 7 7 9 4 4 1 1	C -			2.3 STREE	T ADDR	ESS						
CITY-ST-ZIP	E to the				2. 4 CITY-	ST-ZIP							
TITLE				DELETE	3.1 TITLE						☐ Change	☐ Additio	
NAME					3,2 NAME								
STREET ADDRESS					3.3 STREE	T ADDR	ESS						
CITY-ST-ZIP					3,4. CITY+								
TITLE				DELETE	4,1 TITLE					_	Change	☐ Additio	
NAME	1				4, 2 NAME								
STREET ADDRESS	.}				4.3 STREE		FSS						
CITY-ST-ZIP	Ί				4,4 CITY-5								
	1				■ 4,7 U((1")	U , - ZJI'	1		_				

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.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

πLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

954-425-7007

Change

Change

Addition

☐ Addition

: :