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PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L77355** 1. Corporation Name

TINT VISIONS, INC.

FILED Jun 19, 1999 8:00 am Secretary of State

06-19-1999 90002 024 ***150.00



FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/04/1990 2. Principal Place of Business 2a. Mailing Address 25 26 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State City & State Zip Country DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/04/1990 Applied For Not Applicable Source, Apt. #, etc. 5. Certificate of Status Desired Fee Required Trust Fund Contribution Source, Apt. #, etc. State Source, Apt. #, etc. Source, Apt. #,	Principal Place	of Business	5270 Address							J. J
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9. Name and Address of Current Registered Agent OSKOLSKI, DAVID 2857 S BELMONT LANE COOPER CITY FL 33026 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florada Statutes. The above-named corporation submits this statement for the purposes of changing its registered difference or egistered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the 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, are both, and accept the obligations of, Section 607,500, Florida Statutes. 11. Pursuant to the provisions of Sections 607,0502, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered difference of the purpose of	23									to Fees
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Signature, typed or printed name of neglitations (NOTE Replaced Agent and type of application) (NOTE Replaced Agent and	office or re	egistered agent or both in the State	of Florida. Such change was	authorized	by th	e corporation	n's board of directors. I hereby accep	t the appoin	tment as re	egistered
12.	SIGNATURE		- N1- (10)	TE: Desistered (innature en en une d		DATE		\
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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 suppliemental 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 of 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

571908-90002-24 L77355

please Be Advised | And Did NOT
That This year Apples | Recieve This
Reflects 5720 And Till 6/10/99
NOT correct The Till 6/10/99
Adgress F 5270. Thank you.