FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporation	MENT # L97755 NAME FACE, INC.					
Principal Place of Business Mailing Address					***************************************	fil Albit Minth Arbit Minth Alan anni arait ian:
1097 GIRLSCOUT RD. 1097 GIRLSCOUT RD.						·
ARCADIA FL 34266 ARCADIA FL 34266						
US		US				N THIS SPACE
					3. Date Incorporated or Qualifed 08/31/1990	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0214623	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current	year Intangible ☐ Yes ☐ No
24	25		30		Personal Property Tax. 10. Name and Address of New Regi	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent
MONFORT, RW 1097 GIRLSCOUT RD.				T Valific		
				82 Street Address (P.O. Box Number is Not Acceptable)		
ARCADIA FL 34266			83		7 (1.00 B) A 1 (1.00 C) A 1 (1.	Cartia di Albana, viri di Princia di Princia di Angle.
			83		1 2016年 1916年 1916	
			84	City		FL 85 Zip Code
agent. I a	m familiar with, and accept the obligations of printed name of registered age				on's board of directors. I hereby accept the	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MONFORT, R W		1.2 NAME			
STREET ADDRESS	1092 GIRL SCOUT ROAD		1.3 STREE	TADDRESS		
CITY-ST-ZIP	ARCADIA FL 34266		1.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLÉ			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	TADDRESS	•	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		·
TITLE .		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS	**	. I . I i i e g to a tro i i i i i i i i i
CITY-ST-ZIP	•		3.4. CITY- S	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP	1, 481,8		5.4 CITY-S	iT-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME	•		6.2 NAME			+

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 or an attactor per with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS