PROFIT CORPORAT ANNUAL REF	
CORPORAT	ION
ANNUAL REF	ORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	B 45-8	· ·	4
DOGU	ME	NT # IV	<b>71/9</b>

1999

1. Corporation Name.
THE STICK UP, INC

Principal Place of Business 7695 WOODLAND CRK. LN. 7695 WOODLAND CREEK LANE LAKE WORTH FL 33467 US

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

% THOMAS MESSINA 7695 WOODLAND CREEK LANE LAKE WORTH FL 33467



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/03/1988

65-0048903

4. FEI Number

22	14 14 17	27				ree	required .
City & Stat	P TO A TO A	City & State			6. Election Campaign Financing		0 May Be
23	**************************************	28	_		Trust Fund Contribution .	Add	ed to Fees
Zip	Country	Zip Country		8. This corporation owes the curr	ent year Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New F	Registered Agent	<del>, ·</del>
	Vi Militari	•	81	Name			.
MESSINA, THOMAS  82 Street Address (P.O. Box Number is Not Acceptable)							
7695 WOODLAND CREEK LANE					Mar Mitter of Sale - 4 St		
LAKE WORTH FL 33467							
98 Zin Code				ip Code			
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute	s, the above	e-named corpo	oration submits this statement for the	purpose of changing of the appointment a	its registered s registered
	registered agent, or both, in the State of am familiar with, and accept the obligat				and the first of t		a make say
P	* * * * * * * * * * * * * * * * * * *						<u> </u>
SIGNATURE	Signature, typed or printed name of registered agen			nt signature required	when reinstating)	DATE DIRECT	OTODS (NI-12
12.	, OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	Char	
TITLE	D	☐ DELETE	1.1 TITLE				
NAME	MESSINA, THOMAS	_	1.2 NAME				ì
STREET ADDRESS		<b>5</b>	1.3 STREE	TADDRESS			
C/TY-ST-ZIP	LAKE WORTH FL		1.4 CITY-S	T-ZIP	<u> </u>	☐ Char	nge Addition
ŢīTLE	TD .	☐ DELETE	2.1 TITLE				,90
NAME	MESSINA, GENEVIEVE		2.2 NAME				Ì
STREET ADDRESS		E	2.0 0 1	T ADDRESS			. }
CITY-ST-ZIP	LAKE WORTH FL		2. 4 CITY-	ST-ZIP		Cha	nge Addition
TITLE 3	12 - 3 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. DELETÉ	3.1 TITLE			,,	.go,
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Cha	nge [7] Addition
TITLE		☐ DELETE	4.1 TITLE			,	
NAME			4. 2 NAME				· .
STREET ADDRES	s ·			T ADORESS			
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	ST-ZIP		Cha	nge Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		5,36,40		
NAME				T ADDRESS		•	ļ
STREET ADDRES	s		5.4 CITY-5	ľ			
CITY-ST-ZIP	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	□ DELETE	6.1 TITLE	31-ZIP		☐ Cha	nge Addition
TITLE	The state of the s	☐ DELETE	6.2 NAME				
NAME				T ADDRESS			ļ
STREET ADDRES					•	,	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	S. C.	I further certify that	the information

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 informatio 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 on an attachment with an approach, with all other like empowered.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JIRED THOMAS M. MESSINA, President

561-964-4759

CR2E034 (11/98)