SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 17, 1999 8:00 am Secretary of State

08-17-1999 90004 020 ***550.00

DOCUMENT	#	M866	22
1 Cornoration Name			_

CONSTA	BLE LIMITED, INC.						
Principal Place	e of Business	Mailing Address	• • • •			IIDA BIBII UISII BIBII BIBII ARUII BIBII ARUI	
%STEPHANIE O 2531 THOMAS S HOLLYWOOD FI	STREET	%STEPHANIE CONSTABLI 2531 THOMAS STREET HOLLYWOOD FL 33020	Ē		3. Date Incorporated or Qualified	IN THIS SPACE	1
				-	06/23/1988		
	Place of Business	2a. Mailing Address	_		4. FEI Number	Applied For	
21 ·	#	Suite, Apt. #, etc.			65-0053533	Not Applicable \$8.75 Additional	-
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	1
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry	8. This corporation owes the current		1
24	25	29	30		Intangible Personal Property.	Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Agent	1
CON	ICTADI E CECOLIANIE			81 Name			
	ISTABLE, STEPHANIE			82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	1
	THOMAS STREET LYWOOD FL 33020				<u> </u>		
HOLI	ETWOOD PL 33020			83			
				84 City		85 Zip Code	1
44 -		0 1007 4500 Ft '1 014	4 M L			FL 10 E 10 10 10 10 10 10	1
77. Pursuant	registered agent, or both, in the State	2 and 607.1508, Florida Statu	tes, the ab	ove-named corpo	pration submits this statement for the purp	he appointment as registered	
Office of	registered agent, or both, in the State	or Florida. Such change was	autnorize	a by the corporati	ion's board of directors, i hereby accept t	ne appointment as regioteres	
agent. I	am familiar with, and accept the obliga	ations of, section 607.0505, F	autnorizei Iorida Stat	d by the corporation tutes.	ion's board of directors, i hereby accept t	ne appointment as registered	
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, F	lorida Stat	tutes.		DATE	
agent. I a	am familiar with, and accept the obligation of t	ations of, section 607.0505, F	lorida Stat	d by the corporation tutes. Fred Agent signature requ		DATE	(66)
agent. I a	am familiar with, and accept the obligation of t	ations of, section 607.0505, F	lorida Stat	red Agent signature requ	uired when reinstating)	DATE	(5/99)
agent. I a	am familiar with, and accept the obligation of t	ations of, section 607.0505, F It and title if applicable. (I	lorida Stat	tutes. Fred Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTORS IN 12	
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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 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.

SIGNATURE:

8/12/99

Destine Phone #