FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000745

SOUL REAPERS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

22

Ma
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ailing Address

O BOX 640100

2a. Mailing Address

Suite, Apt. #, etc.

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27

MIAMI BEACH FL 33164-0100

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90041 012 ****70.00

	}

3. Date Incorporated or Qualifed

02/14/1994

65-0469363

4. FEI Number

City & State	e		City & State				1	5. Certifcat	e of Status	Desired	XXX	\$8.75 A	
23		28										Fee Re	quired
Zìp	Countr	у	Zip		Country			Election	Campaign	Financing	П	\$5.00	
24	25	29		30	30				nd Contribu			. Added to	Fees
9. Name and Address of Current Registered Agent							1	0. Name a	nd Addres	s of New	Registered	Agent	
					81	Name							
LOPEZ, PA	ANSY				82	Street A	Address	(P.O. Box N	lumber is f	Not Accep	table)		
	90TH STREET												
MIAMI FL 33147			83							, '	-		
	33711				84	City						85 Zip C	ode
					[۳۰]	City					FL	. 05 2.5 5	
11. Púrsuant	to the provisions of Sec	tions 617.0502 and	617.1508, Florida	Statutes, th	ne above	-named o	corporat	tion submits	this staten	ent for the	e purpose of	changing its	egistered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
_	HAMILTY	117 200	f	PANS	Y LOP	PEZ I	D/S				2-8-99)	
SIGNATURE Signature transfer bladed name of registered sharet and title if allibicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.		FFICERS AND DIR		·	13.			ADDITION	NS/CHANG	ES TO O	FFICERS AN	ID DIRECTO	
TITLE	D /		☐ DELE	TE	1.1 TITLE	· —]] -					Change	☐ Addition
NAME	FERGUSON, CLEVE	ION JR			1.2 NAME	1	1				. , ,		
STREET ADORESS	6532 FLETCHER ST			1	1.3 STREET	ADDRESS	l						3
CITY-ST-ZIP	HOLLYWOOD FL 3			ı	1.4 CITY-ST	-ZIP	Ì						
TITLE	D		☐ DELE		2.1 TITLE		-					Change	Addition
NAME	FERGUSON, JOYC	ELYN			2.2 NAME	i	Ì						
STREET ADDRESS	EL ETOUED A			- 1	2.3 STREET	ADDRESS	1						
CITY-ST-ZIP	HOLLYWOOD FL 3				2. 4 CITY-S	T-21P							
TITLE	DS		☐ DELE	TE	3.1 TITLE							Change	Addition
NAME	LOPEZ, PANSY			ľ	3.2 NAME	1	1				,		ı
STREET ADDRESS	2291 N W 90TH ST	REET			3.3 STREET	ADDRESS	l						
CITY-ST-ZIP	MIAMI FL 33147			1	3.4. CITY-S	T-ZIP	L	•					
TITLE			☐ DELE	TE	4.1 TITLE					,		Change	☐ Addition
NAME				1	4, 2 NAME								
STREET ADDRESS					4.3 STREET	ADDRESS	1						}
CITY-ST-ZIP					4.4 CITY-ST	-ZIP							
TITLE			☐ DELE	TE	5.1 TITLE	ļ	ļ					Change	☐ Addition
NAME					5.2 NAME]	1						
STREET ADDRESS					5.3 STREET	1	1				-		ţ
CITY-ST-ZIP					5.4 CITY-ST	-ZIP	1				·		
TITLE			☐ DELE	-'-	6.1 TITLE	1	1		٠,		· .	Change	☐ Addition
NAME					6.2 NAME	1						1.00	
STREET ADDRESS					6.3 STREET	ADDRESS	1			, -			
	i .												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 617, 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:

Clues AJAINE CLEVETON RERGUSON JR. DIRECTOR 2-8-99 (954) 985-0383

Applied For

Not Applicable