2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Zip Country Zip Country 5. Certificate of Status Desired Desired Status Desired S	1. Entity Nar		# P0300012 OOLS CO.	24140		· - ·			Jan 28, 20 Secreta		
FT LAUD FL 33315 2. Phrolipal Place of Bushless	Principal Plac	ce of Business		Mailin	g Address						
Sales, Apt 8, etc. Sales, Apt 8, etc. City & State City			<u></u> .				:			laia csuti Bisan ssuccuric	411 881188 1 12 1894
City & State City & Status Desired Status Desired Status Desired Foo Required Foo Required Foo Required City FL Zip Code 4. The above named entity submits this statement for the purpose of changing filty registered differs or registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the chilgations of registered agent, or both, in the State of Florida, I am familiar with, and accide the children of registered agent, or both, in the State of Florida, I am familiar with, and accide the children of registered agent, or both, in the State of Florida, I am familiar with, and accide the children of registered agent, or both, in the State of Florida, I am familiar with, and accide the City of Florida Department of State FILE NOW!!! FEE IS \$150.00 Atter Mary 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State File Now! I am familiar with, and accident for the children of Florida Department of State File Now! I am familiar with, and accident for florida Department of State File Now! I am familiar with, and accident for florida Department of State File Now! I am familiar with accident for florida Department of State File Now! I am familiar with accident for State of Florida Department for florida Department for florida D	2. Principal I	Place of Busine	ess	3. Mai	ling Address			-			
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S. Certificate of Status Control Figs Regulated Figs Regulated 7. Name and Address of Norman Regulatered Agent WIECH, STEPHEN M 3401 NE 17 AVE OAKLAND PARK FL 33304 City Fig. 2p Code 8. The above named onthy submits this saturement for the purpose of changly filty registered office or registered agent, or both, in the State of Floridg. I am familiar with, and accomplete the obligations of registered agent. SIGNATURE STEPPEN M. WIECH, STEPHEN M. WIECH Atter May 1, 2005 Fee Will Be \$50,00 Make Check Payable to Floridd approximation approximation approximation of the promise and programatic approximation and the promise approximation of the promise and promise approximation of the promise and promise approximation of the p	City & State			City	City & State			4. FEI Number 20-0429219 Applied For Not Applicable			
WIECH, STEPHEN M 3401 NE 17 AVE OAKLAND PARK FL 33304 2. The above named entity submits this statement for the purpose of changing it projected agent, or both, in the State of Rorde. Lam familiar with, and accomplying its projected agent, or both, in the State of Rorde. Lam familiar with, and accomplying its projected agent, or both, in the State of Rorde. Lam familiar with, and accomplying its projected agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOWN! TEE IS 4150.00 After May 1, 2005 Fee will Be a SS50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. INFO: INF	Zip					Coun	try	5. Certifical	te of Status Desired		
Street Address (IP O Box Number Is Not Acceptable) Street Address (IP O Box Number Is Not Acceptable) City FL Zip Code 8. The above named onthy submits this statement for the purpose of changing in grant and secretary and the designations of registered agent. SIGNATURE STEPLEM M. WECK STEPLEM M. WECK FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICE'S AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICE'S AND DIRECTORS 11. ADDITIONS/		6. Name e	and Address of Cu	rrent Registere	d Agent		Name	7. Name an	d Address of New Regist	ered Agent	
8. The above named onthy submits this statement for the purpose of change in a generic diffice or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Chack Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME SIRTI ADDITIONS, STEPHEN M SIRTI ADDITIONS, STEPHEN M SIRTI ADDITIONS STEPHEN M SIRTI ADDITIO	340)1 NE 17 A	.VE				Street Address	s (P O Box Num	ber is Not Acceptable)	□ Zip C	Code
the collegions of registered agent. STEPUREN M. WISCA September More Management of proground agent and file it expressive. More M	8. The above	e named entity	submits this statem	ent for the purp	ose of changing its	registere	ed office or regis	tered agent, or b	oth, in the State of Florida.		ith, and accept
FILE NOW!!! FEE IS \$16.00 After May 1, 2005 Fee Will Be \$560.00 Make Check Payable to Florida Department of State 10.	the obliga	itions of registe	red agent.			d. I	WEL	•	1/2	× /-	
After May 1, 2005 Fee Will Be \$55.0.00 Make Check Payable to Floridal Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NUME WINCE, STEPHEN M SIMIT ADDRESS CITY ST-2P OAKLAND PARK FL 33304 Delete INTE WAS SIMIT ADDRESS CITY ST-2P OAKLAND PARK FL 33304 Delete INTE WAS SIMIT ADDRESS CITY ST-2P CITY ST-2P INTE WAS SIMIT ADDRESS CITY ST-2P INTE WAS SIMIT ADDRESS CITY ST-2P INTE Change Addi	SIGNATURE	Signature, typed or	printed name of registered	agent and tille if app	icable (OT	TE Rogistered	Agent signature requi	red when reinstating)		DATY S	 :
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NAME STREET ADDRESS CITY-ST-ZIP IIII.C NAMI STREET ADDRESS CITY-ST-ZIP 111.1 STREET ADDRESS CITY-ST-ZIP 112. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 direct 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	name Street address				☐ Delete	NAME STREE	T ADDRESS			☐ Chang	e 🔲 Addition
NAMI STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS				□ Delete	NAME STRFE	T ADDRESS			☐ Chang	e 🗀 Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylimo Phone #											

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