PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 15, 1999 8:00 am Secretary of State

DOCUMENT #79200015530					05-15-1999 90011 024 ***150.00		
506 enterprises. Inc.							
Principal Place of Business Mailing Address  Mailing Address							
softe 122				DO NOT WRITE IN THIS SPACE			
H9alean-Cardens, +1 33018				3. Date Incorporated or Qualified 12/31/92			
2. Principal Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number 65-0377738	Applied For Not Applicable	
Suite, Apt. #, etc.	· ·	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zipr — Godinity-	Ζίρ	Zip Country			9 This corporation owes the current year	atang ble -	
25	29	30			Personal Property Tax.	☐ Yes <b>X</b> INo	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
1117 W. Oheechdoee hd.			81	Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
15/16/199							
l'alean Gardens Fl. 33018							
Andrew Chicas, 17, 2000			84	City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named con							
office or registered agent, or both, in the	<ul> <li>State of Florida, Such cha</li> </ul>	nge was autho	rized by	the corpo	ration's board of directors. I hereby accept the app	cintinent as registered	
agent. I am favillar with and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature lypod or printed name of rigis	lered agent and title if applicable.	(NOTE: Regi	stered Age	nt sionatura re	equired when reinstating) 9/16	·	
						AND DIRECTORS IN 12	
		DELETE	1.1 TITLE			☐ Change ☐ Addition	

1.2 NAME 1.3 STREET ADDRESS om grandia 55 1.4 CITY-ST-ZIP ....SI-ZIP Addition ☐ DELETE Change 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS ·····: FI ADDRESS ··· ST-ZIP 2. 4 CITY-ST-ZIP [] Change [] Addition DELETE 32 NAME 3.3 STREET ADDRESS ...iai (TADDRESS 3.4, CITY-ST-ZIP --- ST-21P ☐ Addition DELETE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition DELETE 5,1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST-ZIP 6.1 TITLE Change DELETE: Addition 6.2 NAME 6.3 STREET ADDRESS .6.4 CFTY-ST-ZIP

14. Thereby 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOUSEN WOLLD DOWN SIGNING OFFICER OR DIRECTOR

4/28/99

Daytime Phone #