

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000043

1. Corporation Name
GO AWAY INC.

Principal Place of Business

5360 N ATLANTIC AVE
SUITE H
COCOA BEACH FL 32931
US

Mailing Address

5360 N ATLANTIC AVE
SUITE H
COCOA BEACH FL 32931
US

2. Principal Place of Business

21 5360 N. Atlantic Ave

2a. Mailing Address

26 5360 N. Atlantic Ave

Suite, Apt. #, etc.

22 H

Suite, Apt. #, etc.

27 H

City & State

23 Cocoa Beach FL

City & State

28 Cocoa Beach FL

Zip

24 32931

Country

25 USA

Zip

29 32931

Country

30 USA

9. Name and Address of Current Registered Agent

SCIARAPPA, SHELLY
5360 N ATLANTIC AVE "H"
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

01/04/1993

4. FEI Number

59-3157104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Shelly Sciarappa

82 Street Address (P.O. Box Number is Not Acceptable)

5360 N. Atlantic Ave (H)

83

84 City

Cocoa Beach

FL

85 Zip Code

32931

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCIARAPPA, JOE
STREET ADDRESS 117 W PASCO LN
CITY-ST-ZIP COCOA BEACH FL 32931

☐ DELETE

TITLE D
NAME SCIARAPPA, SHELLY
STREET ADDRESS 117 W PASCO LN
CITY-ST-ZIP COCOA BEACH FL 32931

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joe Sciarappa

1/5/99

407
777 0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90038 009 ***150.00



DO NOT WRITE IN THIS SPACE

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