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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9300020757

1. Corporation Name

3901, INC.

_	-		 	_	_		

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90083 031 ***150.00



Principal Place	e of Business	Mailing Address							
18548 HARBOR	LIGHT WAY	18548 HARBOR LIGHT WAY							
BOCA RATON I	FL 33498	BOCA RATON FL 33498			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed				
	• •				03/19/1993				
2 - Principal P	lace of Business	2a. Mailing Address		 ,	4. FEI Number	Ap	plied For		
21	•	26		•	65-0397605	· No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u>_</u>	\$8.75 A	Additional		
22		27			5. Certifcate of Status Desired	Fee Re	quired		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be		
23	a.	28			Trust Fund Contribution	Added t	o Fees		
Zip	Country	Zip	Country	У	8. This corporation owes the current ye		_		
24	25	29 30	1		Personal Property Tax.	Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent			
			81	Name			ļ		
	BIN, EVAN R		82	Street Ad	t Address (P.O. Box Number is Not Acceptable)				
	AST FLAGLER ST.			<u> </u>					
	THOUSE 104		83	31	•		{		
MIAN	VII FL 33131		84	City		85 Zip C	Code		
						FL O C P			
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	onzed by	/ the corpora	propration submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as re	gistered		
SIGNATURE	<u> </u>				uired when reinstating)				
	Signature, typed or printed name of registered agent	<u> </u>		ent signature requ	ADDITIONS/CHANGES TO OFFICER		RS IN 12		
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition		
TITLE	D COURT EDECHAN		1.2 NAME			_ ,	_		
NAME .	COHEN, FREEMAN			ET ADORESS					
STREET ADDRESS	18548 HARBOR LIGHT WAY		ľ	- 1			1		
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-24		Change	Addition		
TITLE			2.2 NAME						
NAME		u mara na wa na ili sama		ET ADDRESS		æ= -			
STREET ADDRESS			ľ						
CITY-ST-ZIP		DELETE	2.4 CITY- 3.1 TITLE	S1-ZIF		Change	Addition		
TITLE			3.2 NAME				_		
NAME				ET ADDRESS					
STREET ADDRESS]		
CITY-ST-ZIP TITLE	 	[] DELETE	3.4. CITY- 4.1 TITLE	31-ZIF		Change	Addition		
		C. 50	4. 2 NAME	.]		_ •	·)		
NAME				ET ADDRESS					
STREET ADDRESS				1					
CITY-ST-ZIP		DELETÉ	4.4 CITY-	91-ZIP		☐ Change	☐ Addition		
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NAME STREET ADDRESS				ET ADDRESS			-		
STREET ADDRESS	[· · · · · · · · · · · · · · · · · · ·		5.4 CITY-	1			1		
CITY-ST-ZIP	<u> </u>	DELETE	6.1 TITLE			Change	☐ Addition		
TITLE		F1 percir	6.2 NAME				_		
NAME ; .	\$ 17 mg 1			ET ADDRESS					
STREET ADDRESS	1		0.0 GINE	CT 710					

CITY-ST-ZIP 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 tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, one an attachment with an address, with all other like empowered.

SIGNATURE: