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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000035842

1. Corporation Name

	IN II FOR ME, INC.							
Principal Place	e of Business	Mailing Address			1 100110011	IO 10108 JUNE DESIT BEST EE		
1749 CONGRES	SS AVE	1749 CONGRESS AVE				·		
WEST PALM BE	EACH FL 33401	WEST PALM EBACH FL 3340	01					
US	•	US			Pote Incomes	DO NOT WRITE II	N THIS SPACE	
					3. Date Incorpor 05/17/1990	3 ·	· 	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21	<u> </u>	26			65-041025	8		ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of S	Status Desired		Additional
22		27			<u> </u>			equired
City & Stat	te	City & State			6. Election Cam			May Be
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Co			to Fees
Zip	Country	Zip	Country	<i>'</i>	1 '	on owes the current y	year Intangible ☐ Yes	□No
24	25		30		Personal Prop	ddress of New Regi		·
	9. Name and Address of Curre	ent Registered Agent	81	Name	TU. Name and A	udress of New Regi	Stered Agent	
DET/	WILER, SUZANNE		["	Trains				
	CONGRESS AVE		82	Street A	Address (P.O. Box Numb	er is Not Acceptable)	'	ľ
	T PALM BEACH FL 33401		83	 				
****			[83					
			84	City			FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named	corporation submits this	statement for the purp	oose of changing its	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the corpo	oration's board of director	s. I hereby accept the	e appointment as re	egisterea
				i.				
ū	in lanilla with, and accept the oblig	ations of, Section 607.0303, Florid	ua Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered ag				equired when reinstating)		DATE	
ū	Signature, typed or printed name of registered ag	rent and title if applicable. (NOTE: F				HANGES TO OFFICE	RS AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ager					ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	rent and title if applicable. (NOTE: F	Registered Ager				RS AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	rent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME				RS AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PTSD DETWILER, SUZANNE	rent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature re			ERS AND DIRECTO	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PTSD DETWILER, SUZANNE 1749 N. CONGRESS AVE.	rent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature re			RS AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PTSD DETWILER, SUZANNE 1749 N. CONGRESS AVE.	rent and title if applicable. (NOTE: FIND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature re			ERS AND DIRECTO	☐ Addition
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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 empewered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR