## 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** 

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90223 035 \*\*\*150.00

## DOCUMENT # P9300036010

POTOMAC PARTNERS INTERNATIONAL, INC.

Principal Plac	ce of Business	Mailing Address				is <b>a ibida</b> isti <b>ba</b> ik <b>ba</b> ik <b>ad</b> sii	BOLDO TIKLO OKIEK BOLD	i ildir bəri idəi
1323 SE 17TH			ACCOUNTING & BUSINESS CONSULTANTS INC		r			
STE. 677	•		DE BROWARD BLVD SUITE 302		~			
FT. LAUDERDALE FL 33316 FT LAUDERDALE FL 33301			33301			DO NOT WRITE IN	THIS SPACE	
บร					3. Date Incorpor			
					05/18/199	3		
2. Principal F	Place of Business	2a. Mailing Addi	•				A	oplied For
21		26 1975 E	SiNA	<u>132 BW</u>	<u>0 65-041136</u>	<u> </u>		ot Applicable
Suite, Apt.	#, etc.	Suite Ant. #, etc	J. —		5, Certifcate of	Status Desired	•	Additional
22 City 9 Ctal		27 5入2	<del></del>					equired
City & Stat	te	City & State	larda1a	FL	6, Election Cam		•	May Be
<b>23</b> ∤ Zip	Country	Zip Zip			Trust Fund C			to Fees
24	[25]				· ·	on owes the current yea	ar intangible K∐Yes	□No
24	9. Name and Address of Curr	29 333	30	USA	Personal Pro	ddress of New Registe	<del></del>	□1/40
	J. Name and Addition of Conf.	om registeres Agent		81 Name	tu, Nume una A	daress of frew fregiste	rea Agent	-
FRA	ME, JAMES							
1323 SE 17TH ST #677				82 Street	Address (P.O. Box Numb	er is Not Acceptable)		
FT LAUDERDALE FL 33316				83			<del></del>	
				84 City			FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida 9	Statutes the a	hove-named	corneration submits this			registered
office or r	registered agent, or both, in the Sta	te of Florida. Such change v	was authorized	d by the corpo	pration's board of director	s. I hereby accept the a	ppointment as re	gistered
agent. La	im familiar with, and accept the obli	gations of, Section 607.0508	5, Florida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered a	cent and title if anolicable	/NOTE: Pagistered	Agent Signature re	equired when reinstating)	DAT		{
12.		AND DIRECTORS	13.	rigent signature re	<del></del>	HANGES TO OFFICERS		BS IN 12
TITLE	D	☐ DELET		TLE	7.5011151151	<u> </u>	Change	Addition
NAME	FRAME, JAMES		f					
STREET ADDRESS	1323 SE 17TH ST #677		1.2 N	AME .				_
CITY-ST-ZIP			li li					_
	FT LAUDERDALE FL 33316		1.3 ST	REET ADDRESS				
TITLE	FT LAUDERDALE FL 33316	☐ DELET	1.3 ST	REET ADDRESS	 		☐ Change	☐ Addition
	FT LAUDERDALE FL 33316	☐ DELET	1.3 ST	REET ADDRESS TY-ST-ZIP TLE			☐ Change	☐ Addition
TITLE NAME	FT LAUDERDALE FL 33316	☐ DELEÌ	1.3 ST 1.4 CI TE 2.1 TI 2.2 NA	REET ADDRESS TY-ST-ZIP TLE			☐ Change	☐ Addition
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TITLE NAME	FT LAUDERDALE FL 33316	☐ DELET	1.3 ST 1.4 CI TE 2.1 TI 2.2 NV 2.3 ST 2.4 C	TREET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	FT LAUDERDALE FL 33316		1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	TREET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS  ITY-ST-ZIP  TLE			-	
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT LAUDERDALE FL 33316		1.3 ST 1.4 CI 1.1 TE 2.1 TI 2.2 N/ 2.3 ST 1.3 TT 3.2 N/ 3.3 ST 1.3 ST 1.4 CI 1.5 TE 1.	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS STY-ST-ZIP TLE MME REET ADDRESS			-	
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	FT LAUDERDALE FL 33316		1.3 ST 1.4 CU 1.1 TE 2.1 TF 2.2 N/ 2.3 ST 2.4 C   TE 3.1 TF 3.2 N/ 3.3 ST 3.4 C   3.4 C   3.4 C   3.4 C   3.4 C   3.5 T   3.4 C   3.7 T   3.7	REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP RE ME REET ADDRESS TR-ST-ZIP RE REET ADDRESS			-	
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT LAUDERDALE FL 33316	☐ DELET	1.3 ST 1.4 CI 1.4 CI 1.5 TE 2.1 TI 2.2 NJ 2.3 ST 2.4 C 3.1 TI 3.2 NJ 3.3 ST 3.4 C 4.1 TI 4.2 NJ 4.3 ST 4.3	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS STY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE			☐ Change	☐ Addition
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6.4 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 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: Y