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 CORPORATION

DOCUMENT # P93000074683

1. Corporation Name

IN GEAR BY CINDY, INC.



FILED
Feb 26, 1999 8:00 am
Secretary of State
02 24 1000 00050 010 ***150 00

02-26-1999 90058 010 ***150.00



				_		.	 		
Principal Place of Business Mailing Address									
2200 W GLADES RD 2200 W GLADES RD									
STE - 106		•	STE - 106			DO NOT WRITE IN THIS SPACE			
BOCA RATON F	L 33431	BOCA RATON FL 33431 US				3. Date Incorporated or Qualifed			
03		00				10/27/1993		1	
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
⊢ ⊸ '	abe of Basinoos	26				65-0450044	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25 29 30		30			Personal Property Tax.	⊉ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
			8	1 Na	ame				
BODNER, CINDY			я	2 St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
	NW 87TH AVE.		١	٦ "					
TAM/	ARAC FL 33321		8	3					
			8	4 Ci	tv		85 Zip (Code	
			Į.	l	-	<u> </u>	- _		
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the about	ve-na	med corpo	ration submits this statement for the purpose of i's board of directors. I hereby accept the appo-	changing its intment as re	registered gistered	
agent. I ar	n familiar with, and accept the obli	ations of, Section 607.0505, Flor	rida Statute	98.		11.	^-		
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				gent sign	beriuper erute		ID DIDECTO	DC IN 12	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition	
TITLE	DP CINDY	☐ DELETE	1.1 TITLE		ļ	•	Onlange	L_]/\dalagn	
NAME	BODNER, CINDY		1.2 NAM					İ	
STREET ADDRESS	7717 N.W. 87TH AVE.		1.3 STR		RESS				
CITY-ST-ZIP	TAMARAC FL	TO DELETE	14 CITY				☐ Change	Addition	
TITLE	V	☐ DELETE	2.1 TITLE				- Cuange		
NAME	BODNER, SANFORD		2.2 NAM		ł				
STREET ADDRESS	7717 NW 87TH AVE.		2.3 STRE	ET ADDI	RESS				
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY				Channe	Addition	
TITLE	8	DELETE	3.1 TITLE	Ē			Change	L. Audilion	
NAME	BOONER, BARBARA	•	3.2 NAM	E	}		:		
STREET ADDRESS	7717 NW 87TH AVE.		3.3 STR	ET ADD	RESS	•]	
CITY-ST-ZIP	TAMARAC FL		3.4. CITY					- Addition	
TITLE		☐ DELETE	4.1 TITLE	•			☐ Change	Addition	
NAME			4. 2 NAN	Œ				Ì	
STREET ADDRESS			4.3 STR	ET ADO	RESS			,	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	51 TITLI				☐ Change	☐ Addition	
NAME			5.2 NAM						
STREET ADDRESS			5.3 STR		RESS			1	
CITY-ST-ZIP			5.4 CITY						
TITLE	·	☐ DELETE	61 TITL	Ξ			Change	☐ Addition	
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STR	ET ADD	RESS	·		}	
CITY-ST-ZIP			6.4 C/TY	-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 suppliemental 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #