## 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 08, 1999 8:00 am Secretary of State

==::

05-08-1999 90014 003 \*\*\*150.00

## DOCUMENT # P93000075761

1. Corporation Name

FRETBOARDS, INC.

Principal Place	e of Business	Mailing Address					
2755 S FEDERAL HWY SUITE 3 BOYNTON BEACH FL 33435		2755 S FEDERAL HWY SUITE 3 ROYNTON BEACH EL 33435			DO NOT WRITE IN TH	IS SPACE	
US US					3. Date Incorporated or Qualifed		-
					10/27/1993		
2. Principal Place of Business 2a. Mailing Address 26		2a. Mailing Address	ress		4. FEI Number	A	oplied For
		26			65-0446551	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	t. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State	¬ '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	itry	8. This corporation owes the current year	Intangible	
	25	29	10		Personal Property Tax.	Yes	□No
•	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name	Three Dans	· 7	
FEIGENBAUM, DAVID R 200 KNUTH RD SUITE 220				82 Street Addre	ess (P.O. Box Number is Not Agreeptable)	0	
				275	5 S. FEd Huy	Svite:	<u> </u>
				83	,		
BOR	NTON BEACH FL 33436			84 67 75		es 7in	Code
	_			84 City <b>B</b> 0	YNTON BOLD F	レゴマ	3435
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the ab	ove-named.corp	oration submits this statement for the purpose	of changing it	registered
office or r	egistered agent, or both in the State	of Florida: Such thange was aut	horized la State	by the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	pointment as r	egistered
	III lairillai will, iliid accept ale obligi	Suding of, Occupi do 1.0000, 7 long	20 30000		04-26	, 99	
SIGNATURE	Signature, typed of present name of registered age	ent and title if applicable (NOTE: R	Registered A	Agent signature required	<u> </u>		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	P	☐ DELETE	1.1 TITL	.E		Change	☐ Addition
NAME	ZUCCARO, CHRIS		1.2 NA	νE.			
STREET ADDRESS	2755 S FEDERAL HWY		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>		1.4 CIT	Y-ST-ZIP			
TITLE		□.DELETE	2.1 TITL			Change	☐ Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2.3 STF	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	3.1 TITL			☐ Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS				REET ADDRESS			
				Y-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL			☐ Change	Addition
NAME		<b>—</b>	4. 2 NA				
				REET ADDRESS			
STREET ADDRESS			1	!			
CITY-ST-ZIP		☐ DELETE	4.4 CIT	Y-ST-ZIP		Change	Addition
TITLE			5.1 IIII 5.2 NAJ				
NAME				REET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		C) 651 575	5.4 CIT	Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE				□ cuange	T Workout
MARKET	i		6.2 NA	ME I			

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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

NAME OF SUSTRING OFFICER OR DIRECTOR