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

DOCUMENT # P93000082459

BUSY MASTERS, INC.

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Principal Place of Business Mailing Address	I ODIĐI KOJSE JIDIJ GLODI BIJIO IDJS JODE
1700 S.W. 57TH AVE. 1700 S.W. 57TH AVE.	4. W 17.77
SUITE 209 SUITE 209	
MIAMI FL 23155 MIAMI FL 23155 DO NOT WRITE IN	THIS SPACE
3. Date Incorporated or Qualifed 11/23/1993	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0455603	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year	ar Intangible
24 25 29 30 Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registr	ered Agent
81 Name	
MILLER, ARTHUR J 82 Street Address (P.O. Box Number is Not Acceptable)	
1/00 S.W. 5/1H AVE.	or their many which consider the region of the
SUITE 209 83 54375-(1-7-11) 64375-(
MIAMI FL 23155	1 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) / DATE.	TE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE OF SOCIAL	☐ Change ☐ Addition
NAME MILLER, ARTHUR J 12 NAME	
STREET ADDRESS 1700 S.W. 57 AVE., SUITE 209 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155	• •
TITLE D DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME REY-MILLER, AVA 22 NAME	
STREET ADDRESS 1700 S.W. 57 AVE., SUITE 209 23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33155 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	The second secon
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CITY-ST-ZIP 3.4. CITY-ST-ZIP / 1. CRASS CONTROL TO SERVICE AND SERVI	Change (Addition
NAME 4.2 NAME	
	, ,
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE	☐ Change ☐ Addition

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90038 015 ***158.75

Addition