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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90206 038 \*\*\*150.00

USCS2324

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000010035**

1. Corporation Name  
**FLAGS PLUS, INC.**



Principal Place of Business <b>4200 S DIXIE HWY 1441 S. MILITARY TR</b> <b>WEST PALM BEACH FL 33405 33415</b>	Mailing Address <b>4200 S DIXIE HWY 1441 S. MILITARY TR</b> <b>WEST PALM BEACH FL 33405 33415</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/08/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0468231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 1441 S. MILITARY TR.</b>	2a. Mailing Address <b>26 1441 S. MILITARY TR.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 WEST PALM BEACH, FL.</b>	City & State <b>28 WEST PALM BCH, FL.</b>
Zip <b>24 FL. 33415</b>	Zip <b>29 33415</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent

**TREXLER, RUTH**  
**4200 SOUTH DIXIE HWY. 1441 S. MILITARY TR.**  
**SUITE 105**  
**WEST PALM BEACH FL 33405 33415**

10. Name and Address of New Registered Agent

81 Name <b>RUTH TREXLER</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1441 S. MILITARY TR.</b>	
83	
84 City <b>WEST PALM BEACH, FL</b>	85 Zip Code <b>33415</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>TREXLER, RUTH</b>	
STREET ADDRESS <b>4200 S DIXIE HWY</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33405</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>TREXLER, RUTH</b>	
1.3 STREET ADDRESS <b>1441 S. MILITARY TR.</b>	
1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33415</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Ruth Trexler 1/21/99 561-433-8874  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)