Applied For

Not Applicable
\$8.75 Additional

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 # P94000035748

EVOKE, INC.

Principal Place of Business 7330 ANDORRA PLACE BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

7330 ANDORRA PLACE BOCA RATON FL 33433

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

05/11/1994

65-0489470

4. FEI Number

22	•	27						
···			City & State		6. Election Campaign Financing. Trust Fund Contribution	- 11		•
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.		Yes	□No
1	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent			
			8	1 Name				
ROBBINS & LANDINO P.A. 4901 N.W. 17TH WAY				2 Street Addr	ress (P.O. Box Number is Not Accepta	bla)		1
				Z Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
SUIT	E 305		8	3				
FT L	AUDERDALE FL 33309						T - 1 - 5 - 5	
			8	4 City		FL	85 Zip C	code
		2 CO7 1509 Elorida Statuta	on the abo	ve pamed com	oration submits this statement for the		changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was at	uthorized b	y the corporation	on's board of directors. I hereby accep	t the appoi	ntment as reg	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statute	es.	•			
SIGNATURE						DATE ·		
	Signature, typed or printed name of registered age	, , , , , , , , , , , , , , , , , , ,		ent signature require	ADDITIONS/CHANGES TO OF		ID DIRECTO	DS IN 12
12.	OFFICERS AN	AND DIRECTORS 13.			ADDITIONS/CHANGES TO UFI	ICERS AN	Change	Addition
TITLE	•,			ţ			, vg-	
NAME	JIMENEZ, VICTOR		1.2 NAME	·				
STREET ADDRESS	7330 ANDORRA PLACE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-				По:	- Addison
TITLE	DV	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	JIMENEZ, GLORIA		2.2 NAME	<u> </u>				
STREET ADDRESS	7330 ANDORRA PLACE		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY	-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	·				
STREET ADDRESS			3.3 STRE	ET ADDRESS		-		
			3.4. CITY	-ST-7IP				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				☐ Change	Addition
			4, 2 NAM				-	
NAME				ET ADDRESS				
STREET ADDRESS	. •							
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	-			☐ Change	Addition
TITLE		LI DELETE	5.1 RILE	· I	•			
NAME								
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			5.4 CfTY-					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME	; , -		6.2 NAME	Ē				
STREET ADDRESS			6.3 STRE	ET ADDRESS	.*			
CITY-ST-ZIP			6.4 CITY-	-ST-ZIP				
011-01-EII	l <u> </u>				Section 119 07/3\(i) Florida Statutes	LC II		

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: SIGNATURE PROCESSIONE NE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 561-391-8438

KZEU34 (+ 1/30)