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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 # P94000045991 1. Corporation Name

20/20 INSIGHTS INC.

	·			<u> </u>	\$11 0190 1 0511 0 (4110 10101 5101 1601
Principal Place of Business Mailing Address					
6640 LAKE LORAN WAY 6640 LAKE LORAN WAY					
LAKE WORTH FL 33467 US LAKE WORTH FL 33467 US			DO NOT INDITE IN TH	UC CDACE	
			DO NOT WRITE IN THIS SPACE		
	ند د ساد د د	and the second s		3. Date Incorporated or Qualifed	
				06/20/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26,5639 Bermuda	Dunes	65-0505147	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. C/A	:LE	5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Ottato Scotled	Fee Required
City & Stat	te	Cipo & State	. /1	6 Election Campaign Financing	\$5.00 May Be
23		28 NAKE WOR	th FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip C	country	8. This corporation owes the current year	Intangible
24	25	29 334 63 30	115A	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Cu			10. Name and Address of New Registere	d Agent
·			81 Name		
DEA	il, fred				
6840 LAKE LORAN WAY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E WORTH FL 33467		83	<u> </u>	
	_ ,,,,,,,,,,,				
			84 City		85 Zip Code
				F	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or r	registered agent, or both, in the S im familiar with, and accept the o	bligations of, Section 607.0505, Florida S	tatutes.	on's board of directors. Thereby desept and dep	
		,			
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable. (NOTE: Registe	ered Agent signature require		
12.	OFFICER:	S AND DIRECTORS 1	3.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE 1.	1 TITLE	Peal, Fred Beemuda Du	Change
NAME	DEAL, FRED	13	2 NAME	7639 BERMUND	ines CIRCLY
STREET ADDRESS		11:	3 STREET ADDRESS	637 2	أ مسا
	LAKE WORTH FL		4 CITY-ST-ZIP	AND Worth FL	33467
CITY-ST-ZIP	LAKE WOMMITTE		1 TITLE	AME WORTH, FL	Change Addition
TITLE			I .		
NAME		1	2 NAME		ţ
STREET ADDRESS	(m. 140)	23	3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE 3.	1 TITLE		☐ citatige ☐ Madition }
NAME		2.	2 NAME		ľ
STREET ADORESS		J.,	2 NAME		Į.
CITY-ST-ZIP			3 STREET ADDRESS	· ·	
		3.	I .		
TITLE		3.	3 STREET ADDRESS		☐ Change ☐ Addition
		3.3 3.4 DELETE 4.1	3 STREET ADDRESS 4. CITY-ST-ZIP 1 TITLE		☐ Change ☐ Addition
NAME		3.3 DELETE 4.4.4.	3 STREET ADDRESS 4. CITY-ST-ZIP 1 TITLE 2 NAME		☐ Change ☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP