

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 03, 1999 8:00 am  
Secretary of State

05-03-1999 90048 019 \*\*\*150.00

DOCUMENT # P94000058466

1. Corporation Name  
GIVEON INC.



**GIVEON INC.**

3571 N Dixie Hwy  
Oakland Park, FL 33334

**GIVEON INC.**

3571 N Dixie Hwy  
Oakland Park, FL 33334

- DO NOT WRITE IN THIS SPACE -

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0524874	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GIVEON, JOSHUA 3516 N.E. 12TH AVE. OAKLAND PARK FL 33334				81 Name GIVEON JOSHUA 82 Street Address (P.O. Box Number is Not Acceptable) 3571 N DIXIE HWY 83 84 City OAKLAND PARK FL 85 Zip Code 33334	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVEON, JOSHUA	1.2 NAME	
STREET ADDRESS	3516 N E 12TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	1.4 CITY-ST-ZIP	
TITLE	PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIVEON JOSHUA	2.2 NAME	
STREET ADDRESS	3571 N DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (954) 566-8308

CR2E034 (11/98)