FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076372 (9)

FILSTAY INTERNATIONAL, INC.

FILED

Mar 04 1998 8:00am

Secretary of State

SARASOTA /L 34239				SARASOPA FL 34238									D	O NOT	WRITE	IN THIS	SPACE			
										9	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
										"		/17/19		O GUE	mileu					
2. Principal Pl		- / - 1 -				4. FEI Number						Applied For								
2. Principal Place of Business 1732 Bay View Dr 28 1732 Bay								View DR				65-0534336						Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27						#, etc.	,				Certificate of Status Desired Status Desired Status Desired Trust Fund Contribution						\$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
City & State					City & State 28 Socias of a, FL					6.										
Zip 24 343	39	Country	asda	29	Zip 3(1)-	_	Co 30	untry	rasut	4 8	. This		tion o	ves or	_		rrept yea	ar Inte		
9. Name and Address of Current Registered Agent										10						gistered	Agent			
. DO	RMISHEV,	TAVOR						81	Name	4)	.,	Da		4						
JAY PLACE 2713 SARASOTA FL 34235									Street A	ddress (Jan Dreweft tress (P.O. Box Number is Not Acceptable)									
									Di dot 7	アプラ	777 Beneva Rd.									
								63				,			,					
\wedge								84 City									85 Zip Code			
	1.1								\sim	2165						F		<u> 34</u>	<u> 233</u>	
11. Pursuant I	to the provisi	one of Section ent, or both, in	s 607.0502 (and 60 LElorid	07.1508, Flo ta. Such cha	rida Statu ange was	rtes, the a authoriza	vods vd be	e-named o	corporation s	on sub board	mits this of direc	state tors. I	ment fo hereby	or the p / acce	purpose of the ac	of chang pointmer	ing its at as r	: registerec :eaistered	
agent. I a	m familia wi	and accept	ne coligat	ons of	, Section 60	7. 059 55, F	iorida Sta	tute	s.	0,41.5112	000.0	0. 00			- A	16	D			
SIGNATURE	1/60	wet		9 H			wets								111	17/17	<u> </u>			
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12.	PD	OFFI	CERS AND	DIREC		DELETE		IITLE			AUU	HOI43/C	TOTING	JES IC	OFFIC	DENO AI	Z Cha		Addition	
NAME		. STEVEN S.	E		_			NAME							^	_	-	•	_	
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TITLE						DELETE	3.1	TITLE									☐ Cha	inge	Additio	
NAME							32	NAME												

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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

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5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS CITY-ST-ZIP

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NAME STREET ADDRESS

DELETE

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STEVEN FILIPEN

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Addition

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