## 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 # P94000079787

1. Corporation Name
FAST FND INC

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90023 036 \*\*\*150.00

,										
Principal Place	e of Business	Mail	ling Address				7 (61)		. 14812	
224 128TH AVE	E. EAST	224	128TH AVE E							
MADEIRA BEACH FL 33708 MADEIRA BCH FL 33708 US							DO'NOT W	RITE IN THI	S SPACE	
		00					3. Date Incorporated or Qualif			
•	; ·						10/31/1994			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3283012			Not Applicable
Suite, Apt.	#, etc. ·		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27			~_		3. Certificate of States Besired		Fee f	Required
City & Stat	te		City & State				6. Election Campaign Financin	ng □		O May Be
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country	_ <u> </u>	Zip	Co	untry		8. This corporation owes the o	urrent year Ir		~ <b>.</b>
24	25	29		30			Personal Property Tax.		Yes	[]No
·	9. Name and Address of Curre	nt Registe	ered Agent		-	1	10. Name and Address of New	<u>w</u> Registered	i Agent	
110	VD IOANINA				81	Name				
	YD, JOANNA				82	Street Ac	Idress (P.O. Box Number is Not Acce	ptable)		
	128 AVE. EAST						<u> </u>			
MAU	DEIRA BEACH FL 33708				83					i
					84	City			85 Zij	p Code
,					104	City		F	L   50   ***	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida	i. Such change was	authorize	ed by	the corpora	prporation submits this statement for the statem	he purpose o cept the appo	of changing i pintment as	registered registered
		auons oi, a	Section 607.0505, F	lorida Sta	itutes	i.				
SIGNATURE				lorida Sta	_	i.	uired when reinstating)	DATE		
	•	ent and title if a	applicable. (NO	lorida Sta	ed Agen	i.	uired when reinstating)  ADDITIONS/CHANGES TO			
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

727 398 341

Daytime Phone #