SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherinė Karris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000089421

THE FARKAS COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90003 041 ***550.00



7890 PALACIO DEL MAR DR.		•				
BOOK HATOR TE SSAIT			DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualified		
				12/06/1994		
2. Principal Place of Business 22. Mailing Address			1 0	QR4. FEI Number	Applied For	
21 22191 Powerline 26 7890 PA/			ACIO Dell	M4A 65-0540735	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22 27					Fee Required	
City & State City & State City & State RATON F1 28 BOCARA			ston, F.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country + 0 / Zip			Country /	8. This corporation owes the current year		
24 33433 25 WeSCIAM 29 33433 30			<u> </u>	Intangible Personal Property.	Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				10, name and Address of New Registered Agent		
SANDLER, KENNETH B CPA				ERAID EIFAULA		
1280 SW 36TH AVE			82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 304-A			83	40 14 14C10 DELTITI	9 R /C	
POMPANO BEACH FL 33069			•••			
"	, , , , , ,		84 City	RATOWEI 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 the it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND E		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	FARKAS, VANESSA	_	1.2 NAME			
STREET ADDRESS	7890 PALACIO DEL MAR DR.		1.3 STREET ADDRESS] :	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	FARKAS, BRYAN		2.2 NAME			
STREET ADDRESS	7890 PALACIO DEL MAR DRIVE		2.3 STREET ADDRESS		-	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP			
- TITLE	Sec + TREAS	S', DELETE	3.1 TITLE		Change Addition	
NAME	COLINE FAR	ICAS VIERRES	3.2 NAME		_	
STREET ADDRESS	SectTREAS Celine FAR 7890 PAIACIO BOCA RATOR	DEIMARDR	3.3 STREET ADDRESS			
CiTY-ST-ZIP	BOCA. RAtion	, F1 33437				
TITLE		/ DELETE	4.1 TITLE	L	Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZiP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	L	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	L	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS		ļ	6.3 STREET ADDRESS			
CITY-ST-ZIP	4 - 3 - 3 - 3 - 3		6.4 City-St-ZIP	# 440 07(0)() Ft. 11- 0(-1) # 11- 11- 11- 11- 11- 11- 11- 11- 11- 1		

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.

SIGNATURE