## 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 # P94000091029

1. Corporation Name

INFINITE POSSIBILITIES, INC.

Principal Place	of Business	Mailing Address			, 199,199, 119, 199, 199, 199, 199, 199			
		<del>-</del>				,		
D/B/A FINISHIN		3800 S. OCEAN DRIVE						
1946 HARRISON ST.		#1007		DO NOT WRITE IN THIS SPACE				
HOLLYWOOD FL 33020		HOLLYWOOD FL 33019					1	
us ·					3. Date Incorporated or Qualifed			
	•				12/16/1994			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26		65-0541906 Not.		Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.				_ \$8	3.75 A	dditional
		27		5. Certifcate of Status Desired	1	Fee Rea		
22		City & State			ATTION CONTRACT STREET		E 00 .	
City & State	9 ***	<u> </u>			6. Election Campaign Financing		5.00 N Added to	
23		28		<del>-</del>	Trust Fund Contribution			rees
Zip	Country	Zip	Country	У	8. This corporation owes the current			
24	25	29	30		Personal Property Tax.	<u> </u>	es l	□No
<u> </u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agen	t	
			81	Name				
FISC	CHER, REBECCA H PA		82					
4651 SHERIDAN STREET				Street Add	ress (P.O. Box Number is Not Acceptable	∌)		
	IE 300		-	.——				
i .			83	<b>'</b>				
HUL	LYWOOD FL 33021-3449		84	City		85	Zip C	ode
			0-	City		FL 1°°		1
44 Dumumt	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the abov	/e-named com	oration submits this statement for the pu	rpose of chan	ging its r	egistered
office or n	enistered agent or both in the State.	of Florida. Such change was au	tnorizea di	/ tne corporati	on's board of directors. I hereby accept the	ne appointme	ntas reg	istered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	da Statute	\$.				
SIGNATURE								
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: I	Registered Age	nt signature require	d when reinstating)	DATE		
								_
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
12.	OFFICERS AN	ID DIRECTORS					RECTOF Change	RS IN 12
TITLE	D		13.					
TITLE NAME	D BEEBER, CANDACE		13. 1.1 TITLE 1.2 NAME					
TITLE	D BEEBER, CANDACE 3800 S. OCEAN DRIVE #1107		13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS				
TITLE NAME	D BEEBER, CANDACE	☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	ET ADDRESS		<u> </u>	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. If on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90094 014 \*\*\*150.00