04-21-1999 90198 010 ***150.00

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 # P95000027918

1. Corporation Name
Confinet Group, Inc.

- 1					
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Principal Place of Business	Mailing Address			,		
2419 EAST COMMERCIAL BLVD SUITE 302 P.O. BOX 14458 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33302						
				DO NOT WRITE IN THI	SPACE	
				3. Date Incorporated or Qualifed 04/05/1995		
2. Principal Place of Business 0.0	, 12a. Mailing Address			4. FEI Number	A	pplied For
2. Principal Place of Business 21 2669 E. Commercial B	vc)ze			65-0588693	N	ot Applicable
Suite Ant # etc -	Suite, Apt. #, etc.			0.17.4.40.1.0	\$8.75	Additional
22 Suife 202	27			5. Certifcate of Status Desired	Fee R	equired
City & State	City & State			6, Election Campaign Financing	\$5.00	May Be
23 FT COUDERDACKS	1 28			Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country		8. This corporation owes the current year In	_	
24 7 3330 8 25 USA	29 30	<u> </u>		Personal Property Tax.	∐ Yes	□No
9. Name and Address of Current	t Registered Agent	81	N	10. Name and Address of New Registered	Agent	
MULLEN, JOSEPH P ESQ		61	Name	•		
2419 EAST COMMERCIAL BLVD., SU	ITE 202	82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	116 302					
FT. LAUDERDALE FL 33308		83	Ì			Ī
		84	City		85 Zip	Code
			\	<u>FI</u>	- ,	
Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate.	of Florida. Such change was auth	onzed by	the corporation	oration submits this statement for the purpose on on's board of directors. I hereby accept the appora	f changing its sintment as re	s registered egistered
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Rec	gistered Ager	nt signature require	od when reinstating) DATE		·····
12. OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME MOTTA, ROBERT C		1.2 NAME	1			[]
STREET ADDRESS 2669 E COMMERCIAL BLVD #2	201		TADDRESS			
CT LAUDEDDALE EL		1.4 CITY-S				
time	☐ DELETE	2.1 TITLE	1-21		☐ Change	Addition
		2.2 NAME			_	
NAME		2.3 STREET	T 40000E00		•	1
STREET ADDRESS						
CITY-ST-ZIP	DELETE	2.4 CITY-S 3.1 TITLE	31-217		Change	Addition
time .		3.2 NAME	Ť		_ ··· •	_
NAME			7.4000500			
STREET ADDRESS		3.3 STREET				Į
CITY-ST-ZiP	DELETE	3.4. CITY-S	ST-ZJP		Change	Addition
ITTLE		4.1 TITLE 4.2 NAME	Ī			
NAME						
STREET ADDRESS			T ADDRESS			ì
CITY-ST-ZIP	D bruste	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	☐ DELETE	5.1 TITLE			□ Citatige	Addition
NAME		5.2 NAME	TADDOEDO			ļ
STREET ADDRESS			TADDRESS			
CITY-ST-ZIP	(=)	5.4 CITY-S	T-ZIP			
TITLE	. DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME)
STREET ADDRESS		6.3 STREE	TADORESS			ļ
CITY-ST-ZIP		6.4 CITY-S				
4.4. I becoby cortify that the information cumplied wit	b this filing done not qualify for the	o exempt	ion stated in S	Section 119 07(3)(i) Florida Statutes, Lighther of	ertify that the	information

quiring does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an injuried empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address; with all other like empowered. indicated on this annual report on supplemental and officer or director of the corpor Block 12 or Block 13 if offange

SIGNATURE: