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 #1950000 38677

3801 GROUP, INC, V

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90045 018 ***150.00

Principal Place of Business 3801 NORTH FEDERAL HWY POMPANO BEACH FL 33064	Mailing Address 3801 NORTH FEDERAL HWY POMPANO BEACH FL 33064			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number 6 5-060 1903		plied Far
Suite, Apt #, etc	Suite, Apt. #, etc.	-				\$8.75 A	
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	Мау Ве
Zip Country	Zip 29 30	Cour	ntry		8. This corporation owes the current year Intang		□No
9. Name and Address of			·		10. Name and Address of New Registered Ag	ent	
T 11.1 Co	WF 100 I		81	Name			
JOHN GA 3801 N	O. FEDERAL Hu	γY,	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
POMPANO	"BEACH, FL		83				
• •	33064	1	84	City	FL	85 Zip (Doge
office or registered agent, or both, in the agent I am familiar with, and accept the SIGNATURE	State of Florida. Such change was authobiligations of, Section 607.0505, Florida	iorized a Statu	by thates.	ne carpor	orporation submits this statement for the purpose of chation's board of directors. Thereby accept the appointing $4/30/99$	nent as re	gistered
	RS AND DIRECTORS	13.		, groter croq	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE D/P TOHN G	AUDIOSI DELETE FED. HWY, NO. O. F. ACH FI 32064	1 1 TIT 1 2 NAI 1 3 STI	ME REET A	DDRESS	[.	Change	☐ Addition
ITLE DELISA GAU	NO BEACH, FL 83064	2.1 TIT 2.2 NA		ZIP	Ĺ] Change	Ageition
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TITLE PCHRISTINE	GAUDIUSI DELETE	3.1 TIT	LE		[Change	Addition
3801 NO.	3801 NO. FEDERAL HWY.			DDRESS			
	DELETE	34 CIT		ZIP	- I	C: ange	Audition
TITLE NAME		4 2 NA					
STREET ADDRESS		4 3 STF	REET A	DORESS			
CITY-ST-ZIP		4.4 CIT	Y-\$T-	ZIP			
TITLE	☐ CELETE	5 1 THT	LE			Change	Addition
NAME		5 2 NA	ME				
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NAME		62 NA	ME				
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CITY-ST-ZIP		6 4 CIT	Y-\$ĭ-	ZIP			
	it - I wish this files does not qualify for th	0.645		a atatad i	n Section 110 07(3Vi) Florida Statutos I further certify	that the	ntormation

4. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Davime Prope #