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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90023 004 \*\*\*150.00

## P95000040281 DOCUMENT # 1. Corporation Name

LINITED STATES LIST COMPANY INC.

ONITED	STATES EIST GOWN ANTS	, 1110-					
Principal Place	e of Business	Mailing Address	•			******************	(M)M) ((M) (M)M)
20651 BAY BROOKE CT BOCA RATON FL 33498 US  20651 BAY BROOKE CT BOCA RATON FL 33498 US				DO NOT WRITE IN 3. Date Incorporated or Qualifed 05/22/1995	THIS SPACE	·	
2. Principal Pi	lace of Business	2a. Mailing Address		··	4. FEI Number	App	olied For
21		26			65-0589469	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A	
22 Ciby 8 State		City & State			Floring States States States		<del>`</del>
City & State	ie	— ·			6. Election Campaign Financing Trust Fund Contribution	Added to	May Be
<b>Zip</b>	Country		Cou	ntrv	8 This corporation owes the current ye		31000
	25	29	30	,,	Personal Property Tax.		⊠No
24	9. Name and Address of Curi		30	г	10. Name and Address of New Regist		
<del></del> -	3. Hante and Addition of Gall	Total Registered Agent		81 Name			
BELLIKOFF, CINDY							
20651 BAY BROOKE CT				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
BOC	CA RATON FL 33498			83	-		
				84 City		FL 85 Zip C	ode
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was a	autnorizet	i dy the corboralic		appointment as reg	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	utes. Agent signature require		<i>1-17</i>	i
SIGNATURE	Signature, typed or printed name/of registered OFFICERS	titles Co	E: Registered	Agent signature required		<i>1-17</i>	i
SIGNATURE  12.  TITLE	Signature, typed or printed name for registered OFFICERS	agent and title if applicable. (NOT	E: Registered 13.	Agent signature required	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name for registered OFFICERS P BELLIKOFF, CINDY	agent and title if applicable. (NOT	13. 1.1 TO	Agent signature requirer	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT	13. 1.1 TI 1.2 N/ 1.3 S1	Agent signature required  ILE  ME  REET ADDRESS	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name for registered OFFICERS P BELLIKOFF, CINDY	agent and title if applicable. (NOT	13. 1.1 TI 1.2 N/ 1.3 S1	Agent signature required ILE IME REET ADDRESS IY-ST-ZIP	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT AND DIRECTORS	E: Registered  13.  1.1 T/  1.2 N/  1.3 S1  1.4 C/	Agent signature required  LE  ME  REET ADDRESS  TY- ST- ZIP  LE	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/	Agent signature required  LE  ME  REET ADDRESS  TY- ST- ZIP  LE	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	Agent signature required  TLE  IME  REET ADDRESS  TY-ST-ZIP  TLE  IME  REET ADDRESS	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	Agent signature required  TLE  IME  REET ADDRESS  TY-ST-ZIP  TLE  IME  REET ADDRESS  ITY-ST-ZIP	d when reinstating) DA	RS AND DIRECTOR	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C	Agent signature required  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE	d when reinstating) DA	RS AND DIRECTOR Change	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C 3.1 T/ 3.2 N/	Agent signature required  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE	d when reinstating) DA	RS AND DIRECTOR Change	RS IN 12 Addition
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS P BELLIKOFF, CINDY 20651 BAY BROOKE CT	agent and title if applicable. (NOT	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/ 2.1 T/ 2.2 N/ 2.3 S1 2.4 C 3.1 T/ 3.2 N/ 3.3 S1	Agent signature requirer  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  TREET ADDRESS  TY-ST-ZIP	d when reinstating) DA	RS AND DIRECTOR Change	RS IN 12 Addition
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CITY-ST-ZIP 14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: