FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000044480

1. Corporation Name M.Y.C. START, INC

May 05, 1999 8:00 am Secretary of State

05-05-1999 90159 030 ***150.00

***************************************	7,411, 1110.											
Principal Place of Business Mailing Address						1 18811881 tra (Stat State Sault Sault Shire State State State Sault Sau						
1844 NOB HILL RD PLANTATION FL 33326 US		318 INDIAN TRACE SUITE #544 WESTON FL 33326					DO NOT WRIT	OT WRITE IN THIS SPACE				
••						3.	Date Incorporated or Qualifed 06/08/1995					
2. Principal Pla	ice of Business	2a. Mailing Addres	5			4.	FEI Number			Appl	ied For	
21		26					65-0586743			Not A	Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, et	tc.			5.	Certificate of Status Desired			75 Adee Requ	ditional uired	
City & State		City & State				6.	Election Campaign Financing		\$5.	. 00 м	lay Be	
23		28					Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country	Zip		Country		8.	This corporation owes the curre	ent year Int	angible			
24	25 29 30]			Personal Property Tax.		Yes	. []No		
9. Name and Address of Current Registered Agent						10.	10. Name and Address of New Registered Agent					
CHEN	ikin, david a			81	Name							
8551 W SUNRISE BLVD			82	Street	Address (F	P.O. Box Number is Not Accepta	ble)					
#100A				83	<u> </u>							
Plan	TATION FL 33322			<u> </u>					105	Zip Co		
				84	- '			FL	.			
office or re-	o the provisions of Sections 607.0 gistered agent, or both, in the Stan familiar with, and accept the obli	te of Florida. Such chande	was auth	onzea ov	the corpo	corporatio oration's b	n submits this statement for the poard of directors. I hereby accep	purpose of t the appoi	changir ntment a	ig its re as regi:	egistered stered	
SIGNATURE	Signature, typed or printed name of registered a	enent and title if applicable	(NOTE: Re	gistered Age	nt signature n	equired when	reinstating)	DATE				
12.	OFFICERS AND DIRECTORS 13.				igradara		ADDITIONS/CHANGES TO OFF	FICERS AN	ID DIRE	CTOR	S IN 12	
	DPST	□ DEL	ETE	1.1 TITLE					Cha		Addition	
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NAPP, FLORIAN NAME 318 INDIAN TRACE, #544 1.3 STREET ADDRESS STREET ADDRESS WESTON FL 33326 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)