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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P95000058946

MUSEUMBOND, INC.

Katherine Harris Secretary of State DIVISION OF CORPORATIONS	Secretary of State
	01-27-1999 90027 023 ***150.00



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Principal Place of Business		Mailing Address			#101 #1191 1E(19 1				
12000 N NEBR	ASKA AVE	12000 N NEBRASKA AVE							
SUITE C		SUITE C				DO MOT HIDITE III THE COLOR			
TAMPA FL 3361	12	TAMPA FL 33612				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 07/28/1995		•	
2. Principal P	face of Business	2a. Mailing Address			•	4. FEI Number	<u> </u>	Applied For	
21		26				59-3334495	 -	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5 Additional	
22		27			5. Certificate of Status Desired Fee Required				
City & State	e	City & State				6. Election Campaign Financing		0 May Be	
23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent		
				81	Name				
	DMAN, ALAN		-	82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	LAKEWOOD DRIVE		. Street Address		0.000.7.00.00		فاع في داخلا فيو دي يو		
BRA	NDON FL 33510			83	•		解的物		
				84	City		85 Zi	p Code	
11 Durament	to the provisions of Sections 607 0502	and 607 1509. Elorida Statuto	e the ah	101/0	-named corner	ration submits this statement for the purpose	of changing	ite ranietarad	
office or n	egistered agent, or both, in the State of	Florida, Such change was au	thorized	by t	the corporation	n's board of directors. I hereby accept the ap	pointment as	registered	
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statu	ites.		-1-1		_	
• 1									
SIGNATURE	MONTHS SHARE TIME	the obs:				4/4	1 9		
	Signature, typed or printed name of registered agent a	***		Agent	signature required v		19	TODO (N. 40	
12.	OFFICERS AND	DIRECTORS	13.		signature required v	ADDITIONS/CHANGES TO OFFICERS			
12. TITLE	OFFICERS AND	***	13.	LE	signature required v		AND DIREC		
12.	OFFICERS AND D FELDMAN, ALAN	DIRECTORS	13.	LE	signature required v	ADDITIONS/CHANGES TO OFFICERS			
12. TITLE	OFFICERS AND D FELDMAN, ALAN 498 LAKEWOOD DRIVE	DIRECTORS	13. 1.1 TITI 1.2 NA/	LE ME	signature required v	ADDITIONS/CHANGES TO OFFICERS			
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6.4 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: