PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name BYZANT, INC.



P95000075207

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90236 011 ***150.00

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Principal Place of Business Mailing Address						4	MAINE NAME OF BEING	# Biki (# Bi (# Bi
835 ALAMANDA ST BOCA RATON FL 33486 US		835 ALAMANDA ST BOCA RATON FL 33486 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/29/1995				
2. Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number	ПА	pplied For
21		26				65-0614491		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional		
22		27		5. Certificate of Status Desired	Fee R	equired		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip Country		Zip Country		8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registe	ered Agent	
STAI	MATOVSKI, KRSTO			"	Name			
835 ALAMANDA ST BOCA RATON FL 33486				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
				83				
					L		11	
				84	. City		FL 85 Zip	Code
11. Pursuant	egistered agent, or both, in the State	of Florida. Such change was	ites, the a	bove by t	e-named corp the corporation	poration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing its appointment as re	s registered egistered
agent, I a	,	ations of, Section 607.0505, Fi	onda Stat	utes.	•			<u></u>
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agent, I all SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fi	onda Stat	d Agent	•		re	ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP