


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90066 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078728

1. Corporation Name
THREE TIMES AROUND, INC.

Principal Place of Business 8421 FOREST HILLS DRIVE UNIT 106 CORAL SPRINGS FL 33065	Mailing Address 8421 FOREST HILLS DRIVE UNIT 106 CORAL SPRINGS FL 33065
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1995	
4. FEI Number 65-0624357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2831 NE 48 St Suite, Apt. #, etc. 22 City & State 23 LIGHTHOUSE POINT FL Zip 24 33064 Country 25 US		2a. Mailing Address 26 2831 NE 48 St Suite, Apt. #, etc. 27 City & State 28 LIGHTHOUSE POINT FL Zip 29 33064 Country 30 US	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREWS, TINA
8421 FOREST HILLS DRIVE
UNIT 106
CORAL SPRINGS FL 33065

81 Name LORI CASTLE CASTLE
82 Street Address (P.O. Box Number is Not Acceptable)
83 2831 NE 48 St
84 City LIGHTHOUSE POINT FL
85 Zip Code 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  LORI CASTLE 1-7-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDREWS, TINA		1.2 NAME LORI CASTLE	
STREET ADDRESS 8421 FOREST HILLS DRIVE, #106		1.3 STREET ADDRESS 2831 NE 48 St	
CITY-ST-ZIP CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  LORI CASTLE 1/7/99 954-913-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)