

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

0307225

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088028

1. Corporation Name
IMMEASURABLE SOLUTIONS CORPORATION

Principal Place of Business
16408 DIAMOND PLACE
FT LAUDERDALE FL 33331
US

Mailing Address
16408 DIAMOND PLACE
FT LAUDERDALE FL 33330

2. Principal Place of Business
21 150 Bonaventure Blvd

Suite, Apt. #, etc.

22 Apt. 111

City & State

23 Weston, FL

Zip

24 33326

Country

25 USA

2a. Mailing Address

26 150 Bonaventure Blvd

Suite, Apt. #, etc.

27 Apt. 111

City & State

28 Weston, FL

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

GETZOFF, ELIZABETH P
16408 DIAMOND PLACE
FT LAUDERDALE FL 33330

81 Name

Preville Elizabeth

82 Street Address (P.O. Box Number is Not Acceptable)

150 Bonaventure Blvd

83 Apt. 111

84 City

Weston

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

10. Name and Address of New Registered Agent

FL Zip Code
33326

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	□ DELETE	1.1 TITLE	Preville, Elizabeth	
NAME	GETZOFF, ELIZABETH P	1.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	16408 DIAMOND PLACE	1.3 STREET ADDRESS	150 Bonaventure Blvd #111	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	1.4 CITY-ST-ZIP	Weston FL 33326	
TITLE	□ DELETE	2.1 TITLE	□ Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	□ DELETE	3.1 TITLE	□ Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	□ DELETE	4.1 TITLE	□ Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	□ DELETE	5.1 TITLE	□ Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	□ DELETE	6.1 TITLE	□ 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:

Elizabeth Preville 4/28/99 954-389-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)