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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500 1. Corporation Name FARCAST CORPORATION, INC. P95000089543 (9)

**FILED** Mar 09 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		-   10011831 410 10101 01111 00111 E0111 00111 00111	10110 10101 01111 01880 111 1901
87200 OVERSEAS HIGHWAY	87200 OVERSEAS HIGHWAY			
UNIT F-4 ISLAMORADA FL 33036	UNIT F-4 ISLAMORADA FL 33036		DO NOT WRITE IN THI	S SPACE
ISLAMORADA PE 33030	ISLAMONADA EL SSOS		3. Date Incorporated or Qualified	
			11/22/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0651931	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	4 4	ountry	8. This corporation owes or has paid the d	current year Intangible
24 25	29 30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Registers	a Agent
BECKMEYER, KARL ESQ.				
BECKMEYER & MULICK 88539 OVERSEAS HIGHWAY		82 Street Addre	Address (P.O. Box Number is Not Acceptable)	
TAVERNIER FL 33070		63		
7711211111211112 00010		24 05		. 85 Zip Code
		84 City	F	L
11. Pursuant to the provisions of Sections 607.0502	and 607,1508, Florida Statutes, the	above-named corp	oration 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				
Signalure, lyped or profed name of registered agent  12. OF FICERS AND		ered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE P		1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME DELAYRIER, ROBERT N	1.2	2 NAME		
STREET ADDRESS 87200 OVERSEAS HIGHWAY L	JNIT F-4 13	3 STREET ADDRESS		İ
CITY-ST-ZIP ISLAMORADA FL 33036		4 CITY - ST - ZIP		
TITLE		1 TITLE		Change
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP	·	4 CITY-ST-ZIP 1 TITLE		Change Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP	3.4	4. CITY-ST-ZIP		
TITLE	DELETE 4.1	1 TITLE		Change Addition
NAME	4.	2 NAME		
STREET ADDRESS	4.3	3 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		Change Addition
TITLE		1 TITLE		Change Addition
NAME		2 NAME 3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP		4 CITY-ST-ZIP 1 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-7IP	6.6	4 CHTY-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

The decurate and that my signature shall have the same legal effect as if made under cath; that I am an appears to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ess