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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094413 1. Corporation Name

FAST TRACK INTERIORS, INC.

Principal Place of Business Mailing Address 3750 NEWPORT AVE. 3750 NEWPORT AVE. BOYNTON BEACH FL 39462 BOYNTON BEACH FL 59462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/01/1996 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0625510 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be П Added to Fees Trust Fund Contribution 23 28 Zip Z Country Country 8. This corporation owes the current year Intangible □No Personal Property Tax. ☐ Yes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ DELETE ☐ Change 1.1 TITLE **PSTD** TITLE 12 NAME LANHAM, MARK J NAME 3750 NEWPORT AVE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33462** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition DELETE TITLE

6.2 NAME

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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in s with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if cha

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

561-308-9777