Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90020 016 \*\*\*158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DIVIS

DOCUMENT # P95000096690

1. Corporation Name

CLASSIFIED BETTER BUSINESS NET, INC.

Principal Place	e of Business	Ma	iling Address				-		
10619 WEST ATLANTIC BLVD		1061	10619 WEST ATLANTIC BLVD						
#311		#31	#311				DO NOT WRITE IN THIS SPACE		
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071 US				3. Date Incorporated or Qualifed		
US		υδ					12/18/1995		
a Dringing Di	lace of Business	1 2-	Mailing Address				4. FEI Number	TT	Applied For
<del>-</del>	lace of business	2a.	Maining Address				65-0640105	<b>;</b> —	Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.						Additional
22	n, o.c.	27	, · <b>,</b> · , · . · .				5. Certificate of Status Desired	•	Required
City & State	e	<del></del>	City & State				6. Election Campaign Financing	\$5.0	O May Be
23	s =	28	•			~	Trust Fund Contribution —	- Adde	d to Fees
Zip	Country		Zip _	Count	У		8. This corporation owes the current year Int	angible	
24	25	29	(3	10			Personal Property Tax.	☐ Yes	No
	<ol><li>Name and Address of Cu</li></ol>	ırrent Regist	tered Agent				10. Name and Address of New Registered	Agent	
				8	1 Na	ne			1
	rzner, Christine			8	2 Str	et Addre	ess (P.O. Box Number is Not Acceptable)		
10619 W ATLANTIC BLVD									·
#311									
COR	IAL SPRINGS FL 33071			8	4 Cit	<del>,                                    </del>		85 Z	p Code
							<u> </u>		70 - T-7 - 1 - A A
11. Pursuant	to the provisions of Sections 607	0502 and 60 tate of Florid	07.1508, Florida Statutes a. Such change was aut	s, the abo thorized b	ve-nan v the c	ned corpo orporation	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	cnanging ntment as	registered
agent. I a	m familiar with, and accept the ol	bligations of,	Section 607.0505, Florid	da Statute	s.		, , ,,		
SIGNATURE									
•••	Signature, typed or printed name of registere			Registered Ag	ent signa	ure required	when reinstating) DATE		T000 111 10
				E 40			ADDITIONOLOUANCES TO OFFICEDS AN	וה הופבר	
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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 organ attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED LYME OF SIGNING OFFICER OR DIRECTOR

2-1-99

954-910-9992 Daytime Phone #