PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000884

1. Corporation Name

INTROSPECTIVES, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90087 025 ***150.00



Principal Place of Business Marting Address SURE NATION BLVD SURE 21 BOCA RATION R. 30432 SURE 21 BOCA RATION R. 30432 SURE 21 SURE A. 20 SURE						-\	YANS MALLI MALAL IS	1123 IB tea B tea I B B t
SUITE 21 BOCK RATION FL 3942 US 2. Principal Place of Blusiness 2. Principal Place of Blusiness 3. Date Incorporate of Qualified 12/26/1995 2. Principal Place of Blusiness 3. Date Incorporate of Qualified 12/26/1995 3. Date Incorporate of Qualified 12/26/1995 4. FEI Number Applied For Non Applicable Settle, Apt. F. etc. 2. Suits, Apt. F. etc. 3. Suits, Apt. F. etc. 4. Election Campaign Insurating S. S. 6.0 May Registered Agent 4. Fill Number 5. Suits, Apt. F. etc. 4. Fill Number 5. Suits, Apt. F. etc. 4. Fill Number 5. Suits, Apt. F. etc. 6. Election Campaign Insurating Implicational Insurations Insuration Insuration Insuration Insuration Insuration Insu	Principal Place	e of Business	Mailing Address					
BOCK RATION FL 3582 US 2. Principal Place of Business 27 932 All ALL AMEN STATE STATE STATE 3. Date Incorporated or Qualifed 12/26/1995 3. Date Incorporated or Qualifed 15. Date Incorporated or Status Desired 15. Carificate of Status Desired 16. Election Campaign Financing 15. Country 16. Election Campaign Financing 16. Election Campaign Financing 16. Election Campaign Financing 17. Purplaint to the provisions of Section 807 6550 Packet 19. Name 19. Name and Address of Eurored Agent 19. Name and Address of New Registered Agent 19. Name and Address of New	1600 N.W. BOO	CA RATON BLVD		VD				
2. Principal Plate of Business 2. Such Apt 18 Applied For 12 Ap						DO NOT MIRITE IN THIS SPACE		
2. Principal Place of Business 27. 93L PALLAMINUO A D AU 28. 31 57 5. FEDERAL 128 131 58 148	•••							
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	u\$		US			1 -:		
Super Apt N, etc. Supe	2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City &	21 924 1	ALLAMANDA DRIVE	126 31355.FE	EDAL!	HISHUN	65-0654262		Not Applicable
Chy & State 22 Chy & State			Suite, Apt. #, etc.			1	\$8.75	Additional
City & State 20		and the second s	27 SUITE GI	9		5. Certificate of Status Desired	Fee	Required
23 DELICHY 26 Country 26 Country 27 Country 28 This corporation was the current year Intargible Personal Property Tax. 10 10 10 10 10 10 10 1		9	City & State			6. Election Campaign Financing	\$5.0	0 May Be
Zip Country Co	23 DELRI	w Bench	28 DELRAY 150	each		Trust Fund Contribution	Adde	d to Fees
24 PL 25 334R3 29 FL 30 334P3 Personal Property Tax.			Zip			8. This corporation owes the current year	r Intangible	
SATURN, RICK A 433 PLAZA REAL, STE. 275 BDCA RATON FL 33432 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS SIGNATURE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. OFFICERS AND DIRECTORS 15. TITLE CAINE, PETER 1600 N.W. BOCA RATON BLVD, SUITE 21 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY-ST-2P 15. STREET ADDRESS 1600 N.W. BOCA RATON BLVD, SUITE 21 15. STREET ADDRESS 1600 N.W. BOCA RATON FL 33432 1600 N.W. BOCA RATON FL 33432 1600 N.W. BOCA RATON BLVD, SUITE 21 17. NAME 18. STREET ADDRESS		25 334R3	29 FL 3	334	<i>B</i> 3	Personal Property Tax.	☐ Yes	■No
SATURN, RICK A 433 PLAZA REAL, STE. 275 BOCA RATON FL 33432 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-ment dorporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was surfaced by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, agent, and accept the obligations of, Section 607.0505, Florida Statutes, agent, and accept the obligations of, Section 607.0505, Florida Statutes, agent, and accept the obligations of, Section 607.0505, Florida Statutes, agent agentary required when remirateling. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D CAINE, PETER 12. NAME 12. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. City-51-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. Caine, PETER 17. TITLE 18. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. TITLE 19. Change Addition 19. Change Additi						10. Name and Address of New Registe	red Agent	
### STREET ADDRESS STREET ADDRESS F.O. BOX Number is Not Acceptable) ### STREET ADDRESS F.O. BOX Number is Not Acceptable F.C.				81	Name			
## City FL 85 Zip Code 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 Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 607 0505, Fiorida Statutas. SIGNATURE 12.	SAT	urn, rick a		90	Ctenat Adda	on /B O. Roy Number is Not Assentable)		
BOCA RATON FL 33432 Bal City FL St Zip Code	433	PLAZA REAL, STE. 275		82	oneer Addle	555 (F.O. BOX NUMBER IS NOT ACCEPTABLE)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1506, 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 0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OAIRE, PETER 1600 N.W. BOCA RATON BLVD, SUITE 21 BOCA RATON FL 33432 ITILE OCHANGE, PETER 1600 N.W. BOCA RATON BLVD, SUITE 21 BOCA RATON FL 33432 DELETE 1.1 ITILE 1.2 NAME 2.2 NAME 2.2 STREET ADDRESS CITY-ST-ZP DELETE 3.3 STREET ADDRESS CITY-ST-ZP OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition Addition Addition Addition Addition Addition TITLE ANAME STREET ADDRESS CITY-ST-ZP DELETE 1.1 ITILE Change Addition Addition Addition Addition Addition Addition Addition ACCITY-ST-ZP ACCITY-ST	BOC	CA RATON FL 33432		83	-			
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida, Section 607.055. Florida Statuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D DELETE 11 TITLE 1.2 NAME CAINE, PETER 1600 N.W. BOCA RATON BLVD, SUITE 21 BOCA RATON FL 33432 14. CITY-ST-ZP TITLE DELETE 21 TITLE 1.3 TITLE 1.5 TIT	<u>'</u>			84	City		85 Z	ip Code
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's o'der'd directors. Intertity accept the appointment as registered agent, or both, and accept the obligations of, section 607.0505, Florida Statuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CAINE, PETER GOA, W. BOCA RATON BLVD, SUITE 21 BOCA RATON FL 33432 ITILE DELETE 1.1 TITLE DELETE 1.2 NAME 1.2 STREET ADDRESS CITY. ST. 2IP TITLE DELETE 2.3 TITLE DELETE 2.3 TITLE DELETE 2.3 TITLE DELETE 2.3 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE DELETE 4.1 TITLE DELETE 3.1 TITLE DELETE							o of changing	ite registered
TITLE	,				ignature required	4,10,114,144,17		
TITLE	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
STREET ADDRESS 1600 N.W. BOCA RATON BLVD, SUITE 21 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.2 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 STREET ADDRESS	TITLE	D	☐ DELETE	1.1 TITLE			∐ Chang	je 🗀 Addition
LA CITY-ST-ZIP BOCA RATON FL 33432	NAME	CAINE, PETER		1.2 NAME				
TITLE	STREET ADDRESS	1600 N.W. BOCA RATON BLVD	, suite 21	1.3 STREET A	DDRESS			
TITLE	CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY- ST-2	ZIP			
23 STREET ADDRESS 2 4 CITY-ST-ZIP			☐ DELETE	2.1 TITLE			Chang	je 🗌 Addition
23 STREET ADDRESS 2.2 CITY-ST-ZIP	NAME			2.2 NAME				
CITY-ST-ZIP	1			2.3 STREET A	DORESS			
DELETE DELETE 3.1 TITLE Change Addition			المنافعين المالي المالي				_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE ANAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRES			☐ DELETE		_		Chan	je 🔲 Addition
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP]						•	
Addition		1			DORESS			
DELETE	ĺ]		4				
NAME A. 2 NAME 4. 2 NAME 4. 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.2 NAME			☐ nel ete	-	<u>"</u>		Chan	ge Addition
STREET ADDRESS	!	†						_
A 4 CITY-ST-ZIP	\				nopese		,	
DELETE	٠.						•	
NAME				_	ZP -		☐ Chan	ge Addition
STREET ADDRESS		1	□ NETE IE	•				,
STACITY-ST-ZIP	NAME				DODESS			•
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	STREET ADDRESS				1			
NAME 62 NAME	CITY-ST-ZIP			_	ZIP			
THATE	TITLE		☐ DELETE				∟ Unan	je 📋 Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME							
	STREET ADDRESS			6.3 STREET A	DDRESS			

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 regiver 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 attack.

SIGNATURE: