

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000012206

1. Corporation Name

MYSTIC ON-LINE SERVICES, INC.

FILED

99 NOV 15 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3600 MYSTIC POINTE DR., STE. 1705
AVENTURA FL 33180

Mailing Address

3600 MYSTIC POINTE DR., STE. 1705
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

4. FEI Number

65-0642136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

21 3801 NE 207 STREET

Suite, Apt. # etc.

22 2603

City & State

23 Aventura FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3801 NE 207 STREET

Suite, Apt. # etc.

27 Suite 2603

City & State

28 Aventura FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

LASKER, CHARLES M
3600 MYSTIC POINTE DR., STE. 1705
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

Charles M. Lasker

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

3801 NE 207 STREET

83 Suite 2603

84 City

Miami

FL

85 Zip Code

33180

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 Charles M. Lasker - Charles M. Lasker

(NOTE: Registered Agent signature required when reinstating)

10/18/99

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME LASKER, CHARLES M.

1.2 STREET ADDRESS 3600 MYSTIC PT. DRIVE, #1705

1.3 CITY-ST-ZIP AVENTURA FL

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1.30 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 CITY-ST-ZIP

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SIGNATURE:

Charles M. Lasker Pres

10/10/99

305-933-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002 187

CR2E034 (5/99)