PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF

DOCUMENT # P96000014516

1. Corporation Name

SET TO SELL, INC.

| Principal | Place | of | Business | |
|-----------|-------|----|----------|--|
| | | | | |
| | | | | |

Mailing Address

7525 N.W. 61ST TERRACE UNIT #2802 PARKLAND FL 33067

7525 N.W. 61ST TERRACE UNIT #2802 PARKLAND FL 33067

May 08, 1999 8:00 am Secretary of State

05-08-1999 90031 036 ***150.00

DO NOT WRITE IN THIS SPACE

| , | | | | 3. Date Incorporated or Qualifed 02/12/1996 | | | | |
|--|---|-----------------------------------|--------------------------------|--|-------------------------|--|--|--|
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | | |
| 21 6027 | NW 73 COURT | 26 6027 NW | 73 COURT | 65-0642061 | Not Applicable | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | 1-7 -054 13 7 | | \$8.75 Additional | | | |
| 22 | · | 27 | | 5. Certifcate of Status Desired | Fee Required | | | |
| City & State City & State | | <u> </u> | 6. Election Campaign Financing | \$5.00 May Be | | | | |
| 23 PARK | CAND! Lr | 28 PARKLAND | <u> </u> | Trust Fund Contribution | Added to Fees | | | |
| Zip 24 3306- | Country | Zip 29 33067 30 | Country | This corporation owes the current year Inta Personal Property Tax. | angible ☐ Yes ☐ No _ | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | |
| | | | 81 Name | | | | | |
| | DEN, SCOTT | | 80 Stored A | ddaga (D.O. Bay Number is Not Assentable) | | | | |
| 7525 | 5 N.W. 61ST TERRACE UNIT #28 | 02 | | ddress (P.O. Box Number is Not Acceptable) | | | | |
| PARI | KLAND FL 33067 | | 83 | VI WY IS COVET | | | | |
| | | | | | | | | |
| | | | 84 City D | PARKLAND FL | 85 Zip Code | | | |
| | | | the shows ===== | moration submits this statement for the surross of | changing its registered | | | |
| l office or r | enistered agent, or both, in the State (| of Florida. Such change was auth | norized by the corpor | orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin | itment as registered | | | |
| agent. I a | m familiar with, and accept the obligat | ions of, Section 607.0505, Florid | a Statutes. | • | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | and title if applicable (NOTE: Re | egistered Agent signature requ | uired when reinstating) DATE | | | | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 | | | |
| TITLE | P | ☐ DELETE | 11 TITLE | 7.5517167617777777777 | Change Addition | | | |
| | BELDEN, GERI | <u></u> | 1.2 NAME | | | | | |
| 1 | TEAT NEW CAST TERRACE LIMIT 40000 | | 1.3 STREET ADDRESS | 6027 NW 73 COURT | | | | |
| STREET ADDRESS | DADI/I AND EL | | | PARKHAND, FL 33067 | | | | |
| CITY-ST-ZIP | PARKLAND FL | ☐ DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | PHICHAINES FR 32001 | ☐ Change ☐ Addition | | | |
| TITLE | | ☐ DELETE | | | | | | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | | | |
| NAME | | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | |
|) | | | 4.4 CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | | | |
| | | <u></u> 52276 | 5.2 NAME | | | | | |
| NAME | | | 5.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | | | 1 | | İ | | | |
| CITY-ST-ZIP | | □ DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition | | | |
| TITLE | | ☐ DELETE | | | □ Analige □ Addition | | | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 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 of 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 on an attachment with an endress, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/9)