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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000019101

Principal Place of Business

INSIDE LINE INTERNATIONAL, INC.

1360 DONWOODS LANE ROYAL PALM BEACH FL 33411		1360 DONWOODS LANE ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualifed 02/28/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	,Ap	plied For	
21		26				65-0646996	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,	5. Certificate of Status Desired	\$8.75		
22		27				5, Certificate of Status Desired	Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	∑ S o∕es	□No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent		
1/1/11	POEM ISAMME A			81	Name				
KNUDSEN, JEANNE A 1360 DONWOODS LANE				82 Street Add		ess (P.O. Box Number is Not Acceptable)			
								·	
RUY	'AL PALM BEACH FL 33411			83					
				84	City		. 85 Zip C	- Codo	
				*	City	F	L S ZP	,ooe	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the at	ove	-named corpo	oration submits this statement for the purpose	of changing its	registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized	by t	he corporatio	on's board of directors. I hereby accept the ap	pointment as re	gistered	
				ites.		•			
,	zavima viin, and accept the cong	pations of, Section our 1000, Flori	ua Statu	ites.		•			
SIGNÁTURE	Signature, typed or printed name of registered ag				signature required	d when reinstating) DATE			
SIGNÁTURE	Signature, typed or printed name of registered ag				signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS			
SIGNÁTURE	Signature, typed or printed name of registered ag OFFICERS A PST	gent and title if applicable. (NOTE: F	Registered	Agent	signature required		AND DIRECTO	RS IN 12	
SIGNÁTURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: F	Registered .	Agent LE	signature required				
SIGNÁTURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PST	pent and title if applicable. (NOTE: F	13. 1.1 TIT	Agent LE ME	signature required				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PST KNUDSEN, JEANNE A	pent and title if applicable. (NOTE: F	13. 1.1 TIT	Agent LE ME REET	ADDRESS				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PST KNUDSEN, JEANNE A 1360 DONWOODS LANE	pent and title if applicable. (NOTE: F	13. 1.1 TIT 1.2 NA 1.3 STE	Agent LE ME REET /	ADDRESS				
SIGNÁTURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PST KNUDSEN, JEANNE A 1360 DONWOODS LANE ROYAL PALM BEACH FL V	gent and title if applicable. (NOTE: FIND DIRECTORS	13. 1.1 TIT 1.2 NAI 1.3 STI	Agent LE ME REET/ Y-ST- LE	ADDRESS		☐ Change	☐ Addition	
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PST KNUDSEN, JEANNE A 1360 DONWOODS LANE ROYAL PALM BEACH FL V KNUDSEN, PAUL M	gent and title if applicable. (NOTE: FIND DIRECTORS	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI	Agent LE ME REET Y-ST- LE ME	ADDRESS -ZIP		☐ Change	☐ Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PST KNUDSEN, JEANNE A 1360 DONWOODS LANE ROYAL PALM BEACH FL V KNUDSEN, PAUL M 1360 DONWOODS LANE	gent and title if applicable. (NOTE: FIND DIRECTORS	13. 1.1 TIT 1.2 NAI 1.3 STI 1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI	Agent LE ME REET / Y-ST- LE ME REET /	ADDRESSZIP		☐ Change	☐ Addition	
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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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

Change

Addition

CR2E034 (11/98)

FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90111 037 ***150.00