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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9600026757 1. Corporation Name

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90012 040 \*\*\*150.00

FENEXPER	IT, INC.								
Principal Place	of Business	Mailing Address				I ANDIANI AND ISHA BAIM DOMA DA	HI <b>ub</b> hik <b>ub</b> hin hin		
12105 N.W. 56TH COURT 12105 N.W. 56TH COURT CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076						DO NOT WR	ITE IN THIS S	SPACE	
		••				Date Incorporated or Qualifect		J. 70 <u>.</u>	
						03/26/1996			,
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		T Ap	plied For
21 26						65-0655388		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
28						Trust Fund Contribution		Added 1	
Zip	Country	Zip	Country	/		8. This corporation owes the cu			_ \
24	25	29 3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	T		10. Name and Address of New	Registered A	gent	
MEUNIER, RICHARD 12105 N.W. 56TH COURT CORAL SPRINGS FL 33076				Name					1
				Street	Addres	ss (P.O. Box Number is Not Accep	table)		,
						<u></u>			
CORAL	. SPRINGS FL 330/6		83	<b>'</b>					- 1
			84	City			FI	85 Zip (	Code
	the provisions of Sections 607.050			Щ,		41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	FL	tonoina ita	- sacistand
office or red	o the provisions of Sections 607,050. gistered agent, or both, in the State i familiar with, and accept the obligat	ot Florida. Such change was aut	nonzea by	tne corp	oration	's board of directors. I hereby according	ept the appoin	tment as re	gistered
SIGNATURE ੂ	Ignature, typed or printed name of registered agen	and title if anolicable (NOTE: R	legistered Age	nt signature	required v	when reinstating)	DATE		
12.	OFFICERS AN	<u></u>	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO O	FFICERS AN	DIRECTO	RS IN 12
TITLE [	)	☐ DELETE	1.1 TITLE		PRE	SIDEUT		Change	☐ Addition
NAME [	DEMAISONNEUVE, GILLES		1.2 NAME		Ì				1
STREET ADDRESS 4	25 BAYSHORE APP. 11A		1.3 STREE	T ADDRESS					
	T. LAUDERDALE FL 33304		1.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE		DIR	RECTOR		Change	- Addition :
NAME			2.2 NAME		Ric	HARD HEUNIER			l
STREET ADDRESS			2.3 STREE	T ADDRESS	1210	5 N.W. SLITH COURT			1
CITY-ST-ZIP	<u></u>		2. 4 CITY-	ST-ZIP	COL	RAL SPRINGS FL	<u>35046</u>	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						1
STREET ADDRESS			3.3 STREE	ET ADORESS					1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	ļ				
TITLE		☐ DELETE	4.1 TITLE		1			☐ Change	Addition
NAME			4. 2 NAME	i.					
STREET ADDRESS			4.3 STRES	T ADDRESS	1				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	ļ			[] Change	Addition
TITLE		DELETE	5.1 TITLE					☐ Change	L MUDIUDI
NAME			5.2 NAME						ļ
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP	<u></u>	□ nci Etr	5.4 CITY- 6.1 TITLE	21-ZIP	<del> </del>			[ ] Change	Addition
TITLE		☐ DELETE	6.2 NAME					Gridinge	
NAME			1	ET ADDRESS					
STREET ADDRESS				ET ZIO	Ί				

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 received 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.

SIGNATURE: