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PROFIT CORPORATION : ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P 96000034164

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90043 008 ***150.00

SACRED SYMBOLS, INC.								
Principal Place	e of Business	Mailing Address				((##irfall	##III# 11818 IBIII	• • • • • • • • • • • • • • • • • • • •
7/52 人	1. University Drive	8505 SHADOW CT.						
Transpires Blanki 33321 CORAL SPRINGS FL 33071								
VS US						DO NOT WRITE IN THIS	SPACE	
V.3		·				3. Date Incorporated or Qualifed 4 (19/96		
2. Principal Place of Business 21. 8683 West McUab Boad 26. Mailing Address 26. Mailing Address 27. Principal Place of Business 28. Mailing Address 29. Mailing Address 20. Mailing Addres					-	4. FEI Number	I A	pplied For
						65-0671564	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22		27	-		-			equired
City & Stat	• •	City & State				6. Election Campaign Financing		Мау Ве
	arac, Florida	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip `	Cou	intry		8. This corporation owes the current year In		
24 333		29	30			Personal Property Tax.	□Yes	□No
	9. Name and Address of Curren	t Registered Agent		041		10. Name and Address of New Registered	Agent	
ENO	DANUE			81	Name			
ENGL, DANIEL				82	Street Addre	tress (P.O. Box Number is Not Acceptable)		
	SHADOW CT.			$\perp \perp$				
COR	AL SPRINGS FL 33071			83				
	•			84	City		85 Zip	Code
	•				•	FL FL	_ `	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	tes, the a	bove-r	named corpo	pration submits this statement for the purpose o	f changing its	s registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	or Florida. Such change was a tions of, Section 607.0505, Flo	orida Stat	utes.	e corporatio	n's board of directors. I hereby accept the appo	militerit 23 iv	egistered
9	,,	•						1
CICNIATURE								ľ
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	E: Registered	Agent si	ignature required	when reinstating) DATE		
SIGNATURE		D DIRECTORS	E: Registered	Agent si	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
		,	<u> </u>		gnature required		ND DIRECTO	
12.	OFFICERS AN	D DIRECTORS	13.	TLE	gnature required			
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TI 1.2 N	TLE				
12. TITLE NAME	OFFICERS AN D ENGL, DANIEL	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME	DDRESS			
12. TITLE NAME STREET ADDRESS	OFFICERS AN D ENGL, DANIEL 8505 SHADOW CT.	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET AL	DDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D ENGL, DANIEL 8505 SHADOW CT. CORAL SPRINGS FL D	D DIRECTORS	13. 1.1 TI 1.2 Ni 1.3 ST 1.4 CI	TLE AME TREET AL TY-ST-Z	DDRESS		☐ 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 1 quired 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 enpowered.

SIGNATURE: 🕹