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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040912

1. Corporation Name

RECEPTOUR, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90028 020 ***150.00

Principal Plac	e of Business	Mailing Ad	dress						
	INE DRIVE. UNIT 115C		3OX 52-6350						
KEY BISCAYNE FL 33149 MIAMI FL 33152							DO NOT WRITE IN TH	IS SDACE	
							DO NOT WRITE IN TH	O STACE	
							3. Date Incorporated or Qualifed 05/13/1996		
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	A	oplied For
21		26					65-0666289		ot Applicable
Suite, Apt.	#, etc.	Suite, 7	Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	ė .	City &	State			•	6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year		_
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New Registere	d Agent	
A 4 4F	COIL ANAVED CHARTERED				81	Name	•		
	ERILAWYER CHARTERED				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
	ALMERIA AVENUE							-	
UUI	RAL GABLES FL 33134				83				
					84	City		85 Zip	Code
	1				Ш		-		- sociatored
_11Pursuant - office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508 of Florida, Such	, Florida Statute i change was ai	ıs, the a uthorizer	o by	named corporatio	pration submits this statement for the purpose in's board of directors. Thereby accept the app	or changing is ointment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	ı 607.Ŏ505, Flor	ida Stat	utes.				
SIGNATURE	· · · · · · · · · · · · · · · · · · ·								
	Signature, typed or printed name of registered age	``		Registered	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	PD OFFICERS AF	ND DIRECTORS	DELETÉ	1.1 Ti	m c		ADDITIONS/CHANGES TO CITICE TO	☐ Change	Addition
TITLE ,	· -						,		
NAME	DEBAKEY, MICHAEL M	IIT 445C		1.2 N					į
STREET ADDRESS	155 OCEAN LANE DRIVE, UN	II Hộc				ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			1.4 CI	ITV CT	-ZIP			
TITLE	STD TERFOR O		I DELETE					Chanca	- Addition
NAME	DEBAKEY, TERESA O		☐ DELETE	2.1 TI	MLE			☐ Change	☐ Addition
STREET ADDRESS		IT 4450	☐ DELETE	22 N	ITLE AMÉ			Change	☐ Addition
CITY-ST-ZIP	155 OCEAN LANE DRIVE, UN	IIT 115C	☐ DELETE	22 N	ITLE AMÉ	ADDRESS		Change	☐ Addition
TITLE		IIT 115C		2.2 N/ 2.3 ST 2.4 C	ITLE IAME TREET CITY-S			:	
	155 OCEAN LANE DRIVE, UN	IIT 115C	DELETE .	2.2 N 2.3 S	ITLE IAME TREET CITY-S			Change	☐ Addition
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	155 OCEAN LANE DRIVE, UN	IIT 115C		22 N 2.3 S ² 2.4 C 3.1 π 3.2 N	ITLE AME TREET CITY-S TTLE IAME			:	
NAME	155 OCEAN LANE DRIVE, UN	IIT 115C	DELETE	22 N/ 2.3 S ² 2.4 C 3.1 Π 3.2 N/ 3.3 S ² 3.4. C	TREET CITY-S TILE HAME TREET TREET	T-ZIP ADDRESS		: Change	☐ Addition
NAME STREET ADDRESS	155 OCEAN LANE DRIVE, UN	IIT 115C		22 N 2.3 S ² 2.4 C 3.1 Π 3.2 N 3.3 S ²	TREET CITY-S TILE HAME TREET TREET	T-ZIP ADDRESS		:	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	155 OCEAN LANE DRIVE, UN	IIT 115C	DELETE	22 Nv 23 S [*] 2.4 C 3.1 π 3.2 Nv 3.3 S [*] 3.4. C 4.1 π 4.2 N 4.3 S [*]	TREET CITY-S' TILE TREET CITY-S' TILE VAME	T-ZIP ADDRESS T-ZIP ADDRESS		: 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.

SIGNATURE:

SIGNAL REGUIRED
NATURE AND TYPED OR PRINTED PAINT OF SIGNING OFFICER OR DIRECTOR

4 n 99 305 365.9643