## 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 # P96000053614

A GMOD TWO

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90016 042 \*\*\*150.00

FAX TRA	IDER, INC. JENK	1NS MH1018	yen-v	J. U . <b>/</b> ,						
Principal Place	e of Business	Mailing Add	ress				) 19611001 140 LETIN BILLI OBILL OL		(BE (1111E BI(E)	11811 0101 1001
6841 W WEDGEWOOD AVE DAVIE FL 33331 DAVIE FL 33331										·
US		US				L	DO NOT WRI		PACE	
l							<ol><li>Date Incorporated or Qualifed 06/24/1996</li></ol>			
2. Principal Pl	lace of Business	2a. Mailing A	Address				4. FEI Number		Ap	plied For
21		26					65-0699107		No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & S	tate				6. Election Campaign Financing	П	\$5.00	May Be
23		28					Trust Fund Contribution	<u></u>	Added t	o Fees
Zip	Country	Zip		Country			8. This corporation owes the cur			
24	25	29	30	<u>)</u>			Personal Property Tax.		Yes	<u>□</u> 140
	9. Name and Address of	Current Registered Age	ent	81	Name	1	10. Name and Address of New	Registerea A	gent	
IFNI	KINS, GAIL			67	Name		<u>.</u>			•
	W WEDGEWOOD AVE			82	Street /	Address	(P.O. Box Number is Not Accept	able)		ĺ
	IE FL 33331			83				•		-
, Dr. 11	L 1 L 00001			55			· · · · · · ·	. :		
				84	City			FL	85 Zip (	
11. Pursuant office or re agent. La	to the provisions of Sections egistered agent, both, in the m familiar with and accept to	807.0502 and 607/1508, a State of Florida Such of a obligations of Section (	Florida Statutes, change was auth 507.0506. Florida	the above orized by a Statutes.	e-named the corpo	corpora oration's	tion submits this statement for the board of directors. I hereby acce	pt the appoin	hanging its ment as re	registered gistered
SIGNATURE	Signature typed of printed name of regi	stered agent and title if applicable.	(NOTE: Re	egistered Agen		equired wh		DATE	77	
SIGNATURE		stered agent and title if applicable.  ERS AND DIRECTORS	(NOTE: Re	5			en reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	
	OFF(C	RS AND DIRECTORS	(NOTE: Re	egistered Agen			en reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	7	RS IN 12
12.	PSTD JENKINS, GAIL	RS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	egistered Agen			en reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	
12.	OFF(C) PSTD JENKINS, GAIL 6841 W WEDGEWOOD	RS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.	at signature re		en reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	
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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 innual 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 of an attachment with an address, with all other like empowered.

SIGNATURE: