PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		Katherin Secretary		FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90148 021 ***150.00		
DOCUMENT # P960 Corporation Name MORE BS, INC	00056	836				
rincipal Place of Business	Maili	ing Address		I INDIANOJ IND INTE BUILT DOALE DOALE DOALE DOALE	<b>B101 9</b> 1119 81191 19199 1111	
37 S.W. 27TH COURT		S.W. 27TH COURT E-FL-33314				
			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualifed		يوف مشاج
			····	07/05/1996		
Principal Place of Business	2a. M 26	Mailing Address		4. FEI Number 65-0686510	Applie Not Ar	d For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Addi	itional
City & State	27	City & State			Fee Requir	
	28			Trust Fund Contribution	Added to F	-
Zip Country	29 Z	ڈip آ	Country 30	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	r Intangible □Yes □	No
9. Name and Address of			81 Name	10. Name and Address of New Register		
levine, alan w			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1110 BRICKELL AVE						
1110 BRICKELL AVE. 7TH FLOOR			83			
			83 84 City		85 Zip Cod	e
7TH FLOOR MIAMI FL 33131	607.0502 and 607	.1508, Florida Statute	84 City	poration submits this statement for the purpose	• L	istered
7TH FLOOR MIAMI FL 33131	e State of Florida.	. Such change was au	84 City s, the above-named corr thorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	• L	istered
7TH FLOOR MIAMI FL 33131 1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	e State of Florida. e obligations of, S	. Such change was au Section 607.0505, Flori	84 City s, the above-named corr thorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	<b>L</b>	jistered ered
TH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of regis 2. OFFICE	e State of Florida. e obligations of, S	. Such change was au Section 607.0505, Flori ppkceble (NOTE F	84 City ithorized by the corporati ida Statutes. Registered Agent signature require 13.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	AND DIRECTORS	istered ered
TTH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent, I am familiar with, and accept the IGNATURE Signature, typed or printed name of regist 2. OFFICE TLE PSTD	e State of Florida. e obligations of, S stered agent and title if a	Ppicable (NOTE: F	84 City s, the above-named corp thorized by the corporati ida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTORS	istered ered IN 12
TTH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typed or printed name of regist COFFICE TLE PSTD SHULMAN, BARRY	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	. Such change was au Section 607.0505, Flori ppkceble (NOTE F	84         City           ss, the above-named corporation         thorized by the corporation           ida Statutes.         Registered Agent signature require           13.         1.1 TITLE	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTORS	istered ered IN 12
TTH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  SIgnature, typed or printed name of regist COFFICE  TLE  PSTD SHULMAN, BARRY  ITH BRUICKELL AVE. 7 MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori ppkceble (NOTE: F TORS DELETE	84         City           ss, the above-named corporation         thorized by the corporation           ida Statutes.         13.           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.4 CITY-ST-ZIP	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTORS	IN 12
TTH FLOOR MIAMI FL 33131 1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE IGNATURE Signature, typed or printed name of regis 2OFFICE ILE ME REET ADDRESS IT10 BRUICKELL AVE. 7 MIAMI FL 33131 ILE	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	. Such change was au Section 607.0505, Flori ppkceble (NOTE F	84         City           s, the above-named corporation         thorized by the corporation           ida Statutes.         13.           1.1 TITLE         1.2 NAME           1.3 STREET ADDRESS         1.3 STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTORS	IN 12
TTH FLOOR MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori ppkceble (NOTE: F TORS DELETE	84     City       s, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     12.       1.2 NAME     13.       1.3 STREET ADDRESS     14.       1.4 CITY-ST-ZIP     2.1.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	AND DIRECTORS	IN 12
TH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE Signature, typed or printed name of regis 2. OFFICE TLE NWE REET ADDRESS TY-ST-ZIP MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au section 607.0505, Flori ppkcable (NOTE: F TORS	84     City       s, the above-named corp thorized by the corporati ida Statutes.       Registered Agent signature require       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 STREET ADDRESS       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
7TH FLOOR MIAMI FL 33131         1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the iIGNATURE         IIGNATURE         Signature, typed or printed name of regists         2.       OFFICE         NME         REET ADDRESS         TY- ST-ZIP         ME         TREET ADDRESS         TY- ST-ZIP         TREET ADDRESS         TY- ST-ZIP         TLE	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori ppkceble (NOTE: F TORS DELETE	84     City       s, the above-named corp thorized by the corporati ida Statutes.       Registered Agent signature require       13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       2.3 STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131   1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE  IGNATURE  Signature, typed or printed name of regis  C. OFFICE  ILE  PSTD SHULMAN, BARRY 1110 BRUICKELL AVE. 7 MIAMI FL 33131 ILE  WE REET ADDRESS TY-ST-ZIP ILE WE	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au section 607.0505, Flori ppkcable (NOTE: F TORS	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       11.1     11.1       1.2     NAME       1.3     STREET ADDRESS       1.4     City-ST-ZIP       2.1.1     City-ST-ZIP       2.2.1     AME.       2.3     STREET ADDRESS       2.4     City-ST-ZIP       3.1     TITLE       3.2     NAME       3.3     STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE	84     City       statutes     Statutes       Registered Agent signature require     13.       1.1 TIFLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.2 NAME.     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TIFLE       3.1 TIFLE     3.2 NAME	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au section 607.0505, Flori ppkcable (NOTE: F TORS	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       11.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1.TITLE     2.2 NAME.       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1     11.1       1.2     NAME       1.3     STREET ADDRESS       1.4     City-ST-ZIP       2.1     STREET ADDRESS       2.4     City-ST-ZIP       3.1     TITLE       3.2     NAME       3.3     STREET ADDRESS       3.4     City-ST-ZIP       4.1     TITLE       4.2     NAME       4.3     STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
7TH FLOOR MIAMI FL 33131         1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE         IGnature, lyped or printed name of regist Signature, lyped or printed name of regist OFFICE         PSTD SHULMAN, BARRY 1110 BRUICKELL AVE. 7 MIAMI FL 33131         TY-ST-ZIP         MIE         REET ADDRESS TY-ST-ZIP         TLE         WE         REET ADDRESS TY-ST-ZIP         TLE         WE         REET ADDRESS TY-ST-ZIP         TLE         WE         REET ADDRESS         TY-ST-ZIP	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable (NOTE: F TORS DELETE DELETE DELETE DELETE DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     12. NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.2 NAME.     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.1 TITLE     4.2 NAME	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable  (NOTE: F  TORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     12. NAME       1.3 STREET ADDRESS     2.1 LITLE       2.2 NAME.     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.2 NAME     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.2 NAME     4.3 STREET ADDRESS       3.4 CITY-ST-ZIP     4.1 TITLE       4.3 STREET ADDRESS     3.4 CITY-ST-ZIP	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
7TH FLOOR MIAMI FL 33131         1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the IGNATURE         ISgnature, typed or printed name of registered agent. I am familiar with, and accept the IGNATURE         ISgnature, typed or printed name of registered agent. I am familiar with, and accept the Signature, typed or printed name of registered Signature, typed or printed name of registered Students, typed or pregistered Students, typed or printed nam of	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable  (NOTE: F  TORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1     1.1       1.2     NAME       1.3     STREET ADDRESS       1.4     City-ST-ZIP       2.1     STREET ADDRESS       2.4     City-ST-ZIP       3.1     TITLE       3.2     NAME       3.3     STREET ADDRESS       3.4     City-ST-ZIP       3.1     TITLE       3.2     NAME       3.3     STREET ADDRESS       3.4     City-ST-ZIP       4.1     TITLE       4.2     NAME       4.3     STREET ADDRESS       4.4     City-ST-ZIP       5.1     TITLE       5.2     NAME       5.3     STREET ADDRESS	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131         1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE         Signature, typed or printed name of regist agent. I am familiar with, and accept the SIGNATURE         2. OFFICE         TLE         MME         TREET ADDRESS         TY-ST-ZIP         TLE         AME         RREET ADDRESS         TY-ST-ZIP         TLE         AME         REET ADDRESS         TY-ST-ZIP         TLE         AME         REET ADDRESS	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Such change was au Section 607.0505, Flori  Ppkcable  (NOTE: F  TORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 TITLE     4.1 TITLE       4.2 NAME     4.3 STREET ADDRESS       3.4 CITY-ST-ZIP     5.1 TITLE       5.2 NAME     5.2 NAME	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change     Change     Change     Change     Change     Change     Change	IN 12 Addition
TH FLOOR MIAMI FL 33131  1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE  2	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Suction 607.0505, Flori  Ppkcable (NOTE: f TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     1.2 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 TITLE     4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP       5.3 STREET ADDRESS       5.4 CITY-ST-ZIP	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change     Change     Change     Change     Change     Change     Change	IN 12 Addition
TTH FLOOR MIAMI FL 33131         1. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE         SIGNATURE         2	e State of Florida. e obligations of, S stered agent and title if a ERS AND DIREC	Suction 607.0505, Flori  Ppkcable (NOTE: f TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84     City       ss, the above-named corporation     thorized by the corporation       ida Statutes.     13.       1.1 TITLE     12.       1.2 NAME     13.       1.3 STREET ADDRESS     14 CITY-ST-ZIP       2.1 TITLE     2.2 NAME.       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.3 STREET ADDRESS       3.4. CITY-ST-ZIP     3.1 TITLE       3.3 STREET ADDRESS     3.4. CITY-ST-ZIP       3.1 TITLE     1.2 NAME       3.3 STREET ADDRESS     3.4. CITY-ST-ZIP       5.1 TITLE     5.1 MME       5.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     3.4 CITY-ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY-ST-ZIP       6.1 TITLE     6.1 TITLE	oration submits this statement for the purpose on's board of directors. I hereby accept the ap ad when reinstating) DATE	Change     Change     Change     Change     Change     Change     Change	jistered ered