

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000060464

1. Corporation Name

EXCLUSIVE REPORTING PLUS, INC.

Principal Place of Business

429 S.W. 204 AVENUE  
PEMBROKE PINES FL 33029

Mailing Address

429 S.W. 204 AVENUE  
PEMBROKE PINES FL 33029

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90053 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

65-0727761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

ORTIZ, DULCE B  
429 S.W. 204 AVENUE  
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |                    |   |
|----------------|-------------------------|---------------------------------|--------------------|---|
| TITLE          | PVPT                    | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ORTIZ, DULCE B          |                                 | 1.2 NAME           |   |
| STREET ADDRESS | 429 S.W. 204 AVENUE     |                                 | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33029 |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE          | SD                      | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | ORTIZ, DULCE B          |                                 | 2.2 NAME           |   |
| STREET ADDRESS | 429 S.W. 204 AVENUE     |                                 | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | PEMBROKE PINES FL 33029 |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 3.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 3.4. CITY-ST-ZIP   |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 4.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 5.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE          |                         | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                         |                                 | 6.2 NAME           |   |
| STREET ADDRESS |                         |                                 | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                         |                                 | 6.4 CITY-ST-ZIP    |   |

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0148687

CR2E034 (11/98)