## 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 # **P96000075069**1. Corporation Name

AIN'T MISBEHAVIN, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90127 017 \*\*\*150.00



PEMBROKE PIN		PEMBROKE PINES FL 33025					
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed 09/06/1996		•
2. Principal Pl	ace of Business	2a. Mailing Address	``		4. FEI Number		Applied For
21 8451 5w 10 CG		<b>⊢</b>	26 (Samo)		65-0693782	<u> </u>	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75	Additional
22 Pendorale Pines FT		27	7			Fee Required	
City & State 23 335025 135A		City & State	¬ ' '		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes the current year	r Intangible	ļ
24	25	29 3	30		Personal Property Tax.		
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name			
GASS, DANIEL G						·	
10001 NW 50TH ST #204			82		dress (P.O. Box Number is Not Acceptable)	:	
SUN	RISE FL 33351		83	<b>!</b>			
			84			FL	o 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: Bu	enistered Ane	nt signature requir	red when reinstating) DAT	E	{
	OFFICERS AND		13.	it signaturo raquii	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/OFFAITSES	☐ Change	
TITLE	'	DELETE					
NAME	MARINO, STACEY		1.2 NAME	•			İ
STREET ADDRESS	0.01 0.01 10.11 0.1.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	T-ZIP	TATE		
TITLE		☐ DELETE	2.1 TITLE			. 🗌 Change	e ☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	e de la companya de		.
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		•	
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e
NAME			6.2 NAME			- •	
				TADDRESS			
STREET ADDRESS			SACITY S		ı		Ì

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: