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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

EXECUTE: INC

P96000084473 (3)

**FILED** Mar 03 1998 8:00am Secretary of State

946-0666

EXECUTER, INC.					1 1701 1710 1710 1710 0 1711 1700 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1701 1	I <b>aa</b> idh <b>aana</b> a k <b>a</b> hk acad	ÉIBIE NATAA MINI TABI
Principal Place of Business Mailing Address						) 2011) 4015, 101() <b>21</b> 51)	41311 14843 1111 1881
### ### ##############################				SUITE 009			
<b>1</b>			-	C 01	DO NOT WRITE IN THIS SPACE		
1401 South ACEAN BLVd Su					,		
2. Principal Place of Business 2a. Mailing Address				3062	01/01/1997 4. FEI Number		-1
`		Transfer Contractor		••	F	Applied For	
Suite Apt # etc.		Suite, Apt. #, etc.		65-0712282		Not Applicable 75 Additional	
22 910	#, <b>01</b> 0.	27 910			5. Certificate of Status Desired	1 4 4 4 4 4	e Required
City & Stat		City & State			6. Election Campaign Financing	\$5	.00 May Be
	ANO BEACH FL	28 POMPANO BI		FL	Trust Fund Contribution	·····	ided to Fees
Zip 24 330	Country 25 USA	Zip 33 06 2	Count	isa-	This corporation owes or has participated Personal Property Tax due June		ar Intangible  No
24 5 50	g. Name and Address of Current		30		10. Name and Address of New Ro		
THOMAS, NAOMI 81 Name							
1404 COUTLI OCCAN DIVID					79.6 B. M. T M M.		
SUITE 910				2 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
POMPANO BEACH FL 33062			8	3			
			8	4 City		FL 85	Zip Code
11, Pursuant	to the provisions of Sections 607.0502	oration submits this statement for the	purpose of chang	ing 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	Signature, typed or pouled name of registered agent	and title if applicable. (NO	OTE: Registered A	gent signature require	ed when reinstating)	DATE	
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D THOMAS NASAR	☐ DELETE	1.1 TITLE		Naomi Thomas	Cha	ange L Addition
NAME	SAAS MODELL FAST SATURATORY SHIPE ASS			E	1401 S. Ocean Blvd.	#910	
STREET ADDRESS	FT. LAUDERDALE FL 33308*	HEET! OGHE OOS	1	ET ADDRESS		33062	ł
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CITY-ST-ZIP			5.4 CITY	1			
TITLE		DELETE	6.1 TITLE			☐ Cha	inge
NAME			6.2 NAM	<u> </u>			j
STREET ADDRESS			B	ET ADDRESS			
CITY-ST-ZIP			6.4 City	1			
	setifuther the information ourselied with	this filing stone and smalls.			Contine 410 07/2\(ii) Florida Statutos I	( footbas agaif , tha	t the information

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 ennual report is reported 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 or an attachment with enaddress.