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 # P96000085533

1. Corporation Name

FULFILLMENT INDUSTRIES, INC.

Mailing Address

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90110 039 ***150.00



PO BOX 030353							
FI ENDENDALE IE SOUCCOS					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 10/14/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21 3090 SHERIDAY ST 26 SAWE					65-0769098		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Additional Required
City & State City & State 28 City & State					6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24 336	Country Zip 72. 25 3 12 12 12 29	Cou	ntry		This corporation owes the current year Inta- Personal Property Tax.	ngible Yes	□No
127	9. Name and Address of Current Registered Agent		Ι –	_	10. Name and Address of New Registered A	Agent	
ļ — — · · · · ·			81	Name	•		
STRICKLAND, NEIL 1000 S.E. 4TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
#211			83	_		-	
FIL	AUDERDALE FL 33301		84	City	FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida	Statutes, the a	bove	-named co	orporation submits this statement for the purpose of	changing	its registered
office or re	to the provisions of Sections our Job2 and 607 Tool, Florida egistered agent, or both, in the State of Florida. Such change in familiar with, and accept the obligations of, Section 607.050	was authorized	ı by t	the corpora	ation's board of directors. I hereby accept the appoir	ument as	registered
SIGNATURE	•						
	Signature, typed or printed name of registered agent and title if applicable.		Agent	signature requ	uired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang	
TMLE	D DELE		1.1 TITLE 12 NAME			☐ Criang	le D'Addidon
NAME	STRICKLAND, NEIL			ADDRESS			Ì
STREET ADDRESS	1000 S.E. 4TH STREET, #211 FT LAUDERDALE FL 33301		TY-ST				1
CITY-ST-ZIP TITLE	D DELE			-24		☐ Chang	e Addition
NAME	SWAN, KEVIN	- 2.2 NA					-
1 1	BUT GRANT STREET 3411 GROWTS			ADDRESS			,
CITY-ST-ZIP	HOLLYWOOD FL 33021	- 1	ITY-SI	Į	·		
TITLE	DELE					☐ Chang	e Addition
NAME	l .	32 N/	AME	1			1
STREET ADDRESS		3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			ITY-ST	r-ZIP			
TITLE	☐ DELE	TE 4.1 TI	TLE			☐ Chang	e 🗌 Addition
NAME		4. 2 N	AME				
STREET ADDRESS		4.3 ST	REET.	ADDRESS			
CITY-ST-ZIP			TY-ST	- ZIP			n Addition
TITLE	☐ DELE					Chang	je 🗌 Addition
NAME		5.2 NA		ADDRESS			- }
STREET ADDRESS							}
CITY-ST-ZIP	☐ DELE		TY-ST	-216		Chang	e [] Addition [
TITLE	LI DELE	6.2 N/				والمان بي	
NAME			_	ADDRESS			
STREET ADDRESS	CALLES AND	-	IKEET ITY-ST				Į
CITY-ST-ZIP		6.4 CI	11-51	-ZIF			

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:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #