PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000091665

TRADE YOUR WAY TO RICHES, INC.

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address						- ( INDIIIAEI ILE IBIIN BIIII BEIII ARIII BAIII EBIIN IBINI IIII	A MARSIN MARINE MEST AMORT		
Principal Place of Business 501 S. DAKOTA AVENUE. STE B-2 FAMPA FL 33606-2501 JS		Mailing Address  501 S. DAKOTA AVENUE, STE B-2 TAMPA FL 33606-2501 US				<b>;</b>	EINSTATEMENT	00	
J3		03					3. Date Incorporated or Qualified 11/05/1996	<u> </u>	
Principal Place of Business			2a. Mailing Address				4. FEI Number 59-3424312	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Cartificate of Status Desired \$8.7	5 Additional Required	
City & State			City & State					00 May Be led to Fees	
Žip	Country 25	<del></del>	Zip Country				8. This corporation owes the current year Intangible Personal Property.	☐ No	
'	9. Name and Address of Current	Register	red Agent				10. Name and Address of New Registered Agent		
					81	Name	ime		
501	S. DAKOTA AVENUE, STE B-2 IPA FL 33606-2501				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
( Alvi	IFA FL 33000-230 (				83		last -	7:- 0- 1-	
					84	City	<b>FL</b>   <u>-</u>	Zip Code	
office or r	to the provisions of sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of the colligation of the collins of the col	of Florida.	. Such change was a section 607.0505, Flo	uthorize rida Stat	d by lutes	the corporation.	ration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment a	s registered	
	Signature, typed or printed name of registered agent	and title if ap	policable. (NO	TE: Registe	red Ag	gent signature requ	uired when reinstating) DATE		
2.	OFFICERS AND	DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	CTORS IN 12	
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/0

8.18.902.4100

Daytime Phone #

R2E034 (5/99