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FILED
Jul 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092728 (0)

1. Corporation Name
521.COM, INC.



Principal Place of Business
521 SPEAKEASY
WEST PALM BEACH FL 33480

Mailing Address
521 CLEMATIS ST.
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1996

2. Principal Place of Business
21 521 Clematis Street
Suite, Apt. #, etc.

2a. Mailing Address
26 521 Clematis St
Suite, Apt. #, etc.

4. FEI Number
65-0690666
Applied For
Not Applicable

22 City & State
23 W.P.B. FL
24 33401
25 U.S.A.

27 City & State
28 W.P.B. FL 33401
29 33401
30 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRSKY, DOMITRIA
~~147-1/2 SEABREEZE ST.~~
~~PALM BEACH FL 33480~~
521 Clematis ST
W.P.B. FL 33401

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: *[Signature]*
(NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS
TITLE PS
NAME MIRSKY, DOMITRIA
STREET ADDRESS 521 Clematis ST
CITY-ST-ZIP W.P.B. FL 33401
TITLE VPT
NAME MIRSKY, DARROW
STREET ADDRESS 521 Clematis ST
CITY-ST-ZIP W.P.B. FL 33401
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *[Signature]* Date: 7/28/98

CR2E034 (10/97)