

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90076 030 ***150.00

DOCUMENT # P96000096074

1. Corporation Name

ANYTHING WITH TYPE, INC.

Principal Place of Business

3111 S W 20TH TERRACE
22-A2
DELRAY BEACH FL 33445
US

Mailing Address

2210 NW 3RD AVE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

65-0721544

Applied For

Not Applicable

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 the current year intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4283 N.W. 3RD AVE

2a. Mailing Address

26 4283 N.W. 3RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33431

Country

25 US

Zip

29 33431

Country

30 US

9. Name and Address of Current Registered Agent

DEAN, JAMES D
1419 SUSSEX DR.
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LAENGLE, MARK M

STREET ADDRESS 2210 NW 3RD AVE

CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE

NAME LAENGLE, ELIZABETH C

STREET ADDRESS 2210 NW 3RD AVE

CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME LAENGLE, MARK M

1.3 STREET ADDRESS 4283 NW 3RD AVE

1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME LAENGLE, ELIZABETH

2.3 STREET ADDRESS 4283 NW 3RD AVE

2.4 CITY-ST-ZIP BOCA RATON FL 33431

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Mark M. Laengle, MARK M. LAENGLE 4-26-99 561-750-1943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (11/98)

0337759