

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90255 004 \*\*\*150.00

DOCUMENT #

1. Corporation Name

C: \ TAKE \* OFF \ INC.

Principal Place of Business

Mailing Address

2925 CARAMBOLA CIRCLE SOUTH  
COCONUT CREEK, FL. 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-5-96 - P96000098839

4. FEI Number

65-0715078

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

2a. Mailing Address

21 2925 CARAMBOLA CIR. S.

26 Suite, Apt. #, etc.

22 COCONUT CREEK

27 Suite, Apt. #, etc.

23 City & State  
FL.

28 City & State  
SAME

24 Zip Country  
33066 USA

29 Zip Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAN M. BORDEN  
2925 CARAMBOLA CIR. S.  
COCONUT CREEK, FL. 33066

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

JAN M. BORDEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE  
NAME JAN M. BORDEN  
STREET ADDRESS 2925 CARAMBOLA CIR. S.  
CITY-ST-ZIP COCONUT CREEK, FL 33066

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE  
NAME ALLAN R. BORDEN  
STREET ADDRESS 2925 CARAMBOLA CIR. S.  
CITY-ST-ZIP COCONUT CR. FL 33066

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE  
NAME JAN M. BORDEN  
STREET ADDRESS SAME  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE  
NAME ALLAN R. BORDEN  
STREET ADDRESS SAME  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

JAN M. BORDEN

JAN M. BORDEN

4-22-99

954-968-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)