

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0146924

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90005 030 ***150.00

DOCUMENT # P97000009417

1. Corporation Name
LET'S GO, INC.

Principal Place of Business
11213 NORTHWEST 15 STREET
PEMBROKE PINES FL 33026

Mailing Address
11213 NORTHWEST 15 STREET
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1997

4. FEI Number
65-0725790

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 9900 Pines Blvd.
Suite, Apt. #, etc.
22 Pembroke Pines, FL.
City & State
23
Zip 33025 Country Broward
24 25 29 30

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	PD	☒ DELETE
NAME	BARTELS, M	
STREET ADDRESS	11213 NW 155 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	M	☒ DELETE
NAME	BARTELS, J A	
STREET ADDRESS	11213 NORTHWEST 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	T	☒ DELETE
NAME	NIHOFF, DAVID A	
STREET ADDRESS	11213 NORTHWEST 15 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	BARTELS, JA
2.4 CITY-ST-ZIP	11213 Northwest 15th Street
	Pembroke Pines, FL. 33026
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 954-438-7488

CR2E034 (11/98)