

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Sep 03, 1999 8:00 am**  
**Secretary of State**

09-03-1999 90003 023 \*\*\*150.00

DOCUMENT # **P97000009707**

1. Corporation Name

**Beyond Reconditioning**

Principal Place of Business

Mailing Address

**951 NW 13<sup>th</sup> Str. Suite 2-C**  
**Boca Raton, FL 33486**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/27/97

4. FEI Number

65-0742657

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. **SALE**26. **SALE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **SALE**27. **SALE**

City &amp; State

City &amp; State

23. **SALE**28. **SALE**

Zip

Country

Zip

Country

24. **SALE**25. **SALE**29. **SALE**30. **SALE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Christina Lin**

81. Name

**Barbara Joyce**

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

**951 NW 13<sup>th</sup> Str.**

83. Suite

**2-C**

84. City

**Boca Raton**

FL

85. Zip Code

**33486**

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

**Barbara Joyce**

8-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ AdditionTITLE ☐ DELETENAME **Barbara Joyce**STREET ADDRESS **951 NW 13<sup>th</sup> Str.**CITY-ST-ZIP **Boca Raton, FL 33486**TITLE ☒ DELETENAME **Vice President**STREET ADDRESS **Christina Lin**CITY-ST-ZIP **951 NW 13<sup>th</sup> Str.**CITY-ST-ZIP **Boca Raton, FL 33486**TITLE ☒ DELETENAME **Treasurer**STREET ADDRESS **Christina Lin**CITY-ST-ZIP **951 NW 13<sup>th</sup> Str.**CITY-ST-ZIP **Boca Raton, FL 33486**TITLE ☐ DELETENAME **Secretary**STREET ADDRESS **Christina Lin**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**TITLE ☐ DELETENAME **"Same"**STREET ADDRESS **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**TITLE ☐ DELETENAME **"Same"**STREET ADDRESS **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**CITY-ST-ZIP **"Same"**

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: **Barbara Joyce President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/99

(561) 471-2934

Date

Daytime Phone

CR2E034 (11/98)