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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029648 (7)

FAST FORWARD, INC.

Principal Place of Business Mailing Address

209 SOUTH DALE MABRY HIGHWAY 4513 ESPERANZA AVENUE

FILED Jan 21 1998 8:00am Secretary of State



209 SOUTH DALE MABRY HIGHWAY TAMPA FL 33609		4613 ESPERANZA AVENUE TAMPA FL 33611		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		;
a Principal P	lace of Business	2a. Mailing Address			03/31/1997 4. FEI Number		
	iace of Dusiness	<u> </u>	Maling Address		59-3438945		plied For
Suite, Apt.	# oto	26			77-2128772		t Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c		
24	25 29 30			Personal Property Tax due June 30. Yes Vo			
	g, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	I Agent	
	ZGERALD, JOHN M		8	1 Name			
	3 ESPERANZA AVENUE		8:	82 Street Address (P.O. Box Number is Not Acceptable)			
TAN	MPA FL 33811		8:	1			
			0.	<u></u>			
			84	City	F	85 Zip (Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, Fl	les, the abor authorized b orida Statute	ve-named cor by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its	s registered registered
SIGNATURE		•					
	Signature, typed or printed name of registered age		E Registered A	gont signature requ	ured when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETÉ	11 TITLE	İ			☐ Addition
NAME	FITZGERALD, JOHN M		1.2 NAME				
STREET ADDRESS	4613 ESPERANZA AVENUE		1.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	Fitzgerald, Diane M		2.2 NAME				
STREET ADDRESS	4613 ESPERANZA AVENUE		2.3 STREET ADDRES				
CITY-ST-ZIP	TAMPA FL 33611		2. 4 CITY	ST-ZIP			
TITLE	DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				ľ
STREET ADDRESS			3.3 STRÉE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	·\$1 · ZIP			
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			1
CITY-ST-ZIP			4.4 City-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			-	-
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE	6.1 TITLE	V. 211		Change	Addition
NAME		— -	6.2 NAME				
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-	i			
AUL 1.01.711			0.4 UH 7 -	U1" £ IF			

14. Thereby 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 an altachment with an address.