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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700033697

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90041 019 \*\*\*150.00

PERSON	IALIZE IT INC.						
Principal Place	e of Rusiness	Mailing Address					
5773 PEBBLE BROOK LANE 5773 PEBBLE BROOK LANE							
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437							
					DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed		Į
					04/14/1997	T-17-	
Principal Place of Business     2a. Mailing Address					4. FEI Number		applied For
21     26					65-0750544		lot Applicable Additional
22 27					5. Certifcate of Status Desired		Required
City & Stat	e		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		I to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year In	ntangible	
24	25 29 30		o]		Personal Property Tax.	☐ Yes	Mo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent	
			81	Name			
DRUMMOND, COURTNEY			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	PEBBLE BROOK LANE					<u>.</u>	
BOY	NTON BEACH FL 33437		83				
			84	City		85 Zip	Code
					FI		
office or r agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint when registation.	intment as re	agistered
12.			13.	t signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONO/ONININGEO TO OFFICERE?	☐ Change	
NAME	DRUMMOND, COURTNEY		1.2 NAME				j
STREET ADDRESS	5773 PEBBLE BROOK LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST	-21P			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	DRUMMOND, KRISTEN		2.2 NAME				{
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>		2. 4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	7		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	ADDOCCO			
STREET ADDRESS			5.3 STREET				1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST 6.1 TITLE	-414		Change	Addition
TITLE			6.2 NAME			snange	
NAME			6.3 STREET	ADDRESS			
STREET ADDRESS			6.4 CITY-S1	-			ļ
CITY-ST-ZIP	l		0.7 0111-31	-"			

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:

NING OFFICER OR DIRECTOR