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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034895**1. Corporation Name

BUSINESS INVESTMENT NETWORK OF FLORIDA, INC.

Principal Place	of Business	Mailing Address							
360 WILSHIRE BLVD SUITE 124		1919 LONG POND DRIVE LONGWOOD FL 32779				DO NOT WRITE	IN THIS SPAC	F	
CASSELBERRY I	FL 32707					1	IN THIS SI AC		
US						3. Date Incorporated or Qualifed 04/17/1997			
		A Maritime Addenge	_			4. FEI Number		Appl	lied For
2. Principal Pl	ace of Business	2a. Mailing Address				59-3442226	-		Applicable
21		26				39-3442220	<u> </u>		ditional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		ee Req	
22		City & State				6. Election Campaign Financing	61	5.00 N	Aav Be
City & State	e	├ ──				Trust Fund Contribution		dded to	
23	Country	Zip	Cou	ntry		8. This corporation owes the current	vear Intangible		
Zip			30	y		Personal Property Tax.	year mangible	s E	ZNo
24	9. Name and Address of Current	29 Agent	3 0			10. Name and Address of New Reg	istered Agent		**
	9. Name and Address of Current	Registered Agent		81	Name			1,5	
CDIM	IOS MARIA	•							
SPINOS, MARIA 1919 LONG POND DRIVE				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			,, .
	GWOOD FL 32779	i		83		- · · · · · · · · · · · · · · · · · · ·	5.00 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1, 1,	11 96 1 1 2 y
LONG	GHOOD TE SETTO			00		The state of the s			[1] [1]
	• • • •			84	City		FL 85	Zip Co	ode
44 Dunwant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statu	tes, the al	ove-r	named corpo	pration submits this statement for the pur	rpose of chang	ing its r	egistered
					ne corporation	n's board of directors. I hereby accept the	ne appointment	t as regi	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	onda Stati	ites.					
SIGNATURE		(NOT	E: Denistered	Agent s	ionature required	when reinstating)	DATE		
	Signature, typed or printed name of registered agen			Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC		RECTOR	
12.	OFFICERS AN	D DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	RECTOR	RS IN 12
12.	OFFICERS AN		13.	LE.	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIR		
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12.	OFFICERS AN PVST SPINOS, MARIA 1919 LONG POND DRIVE	D DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE IME REET A	ODRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIR		
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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 further 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

Daytime Phone #

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90029 001 ***150.00