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

*PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047519 (8)

FIGURES, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business	Malling Address			
SON NORTH EAST TRIH STREET	FORT LAUDERDALE EL 201	TREET		
TOM ENDERIDASE TE OSSOS	1200 NE 3	9THST	DO NOT WRITE IN THIS SPACE	
SAME AS -D	11/20 104	E. 22221	3. Date Incorporated or Qualified	
CHINE ITS IF	paklond turk,	PL 33334	05/27/1997	!
2. Principal Place of Business	2a. Mailing Address	-4 TH-	4, FEI Number	Applied For
27 1728 NE 39'11 ST	26 1728 NE	39'"ST	<u> </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		I B Contringto of Status Desired I I	75 Additional
22	27		re	ee Required
23 Oakland Park, FL	- 28 Oakland Pa	rk, FL	Trust Fund Contribution Ad	.00 May Be ided to Fees
Zip Country	- Z ^{(p} 2 22 tl	Country	8. This corporation owes or has paid the current year	
24 55 55 1 25 25 P. Name and Address of Curr		30	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	∐ No
	rent Registered Agent	81 Name	IV. Hallio allo Addiesa di New Rogistoro Agoni	
D'ARCY, BRUCE				
			t Address (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33305				
		84 City	FL ^{[85}]	Zip Code
11 Pursuant to the provisions of Sections 607 (0502 and 607 1508. Florida Statutes	s, the above-named corp	paration submits this statement for the purpose of change	ing its registered
office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob	ate of Florida. Such change was au	thorized by the corporate	ion's board of directors. I hereby accept the appointmen	nt as registered
SIGNATURE Signature, typed or printed name of registered	great and the it applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	CTORS IN 12
TITLE PARTY DOSC	DELETE	1.1 TITLE	Cha	
NAME DO	10601	1.2 NAME		
STREET ADDRESS		1.3 STREET ADDRESS		
CITY-ST-ZIP	." 22334	1.4 CITY-ST-ZIP		
TITLE TOTAL TOTAL	DELETE	2.1 TITLE	Cha	ange Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-\$T-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	. 3.1 TITLE	L Cha	ange Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE	Cha	ange L Addition
NAME		4. 2 NAME		
STREET ADDRESS		: 4.3 STREET ADDRESS		
CITY-ST-ZIP	T actions	4.4 CITY - ST - ZIP		anne Addition
TITLE	DELETE	5.1 TITLE	Cha	ange Anonyon
NAME		5.2 NAME		12/2/2
STREET ADDRESS		5.3 STREET ADDRESS		~ 1h ,
City-St-ZiP	Potite	5.4 CITY - ST - ZIP	100002415530	ange Addition
TITLE	☐ DELETE	6.1 TITLE	-01/29/9801006033	ange Agomon
NAME		6.2 NAME	***150.00	
STREET ADDRESS		6.3 STREET ADDRESS	montaqua au	
CITY-ST-ZIP	I with this filing does not qualify for	6.4 CiTY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that	at the information
officer or director of the corporation or the r Block 12 or Block 13 if changed, er or an e	eceiver or trustee empowered to en http://www.mith.an.add.cess.	xecute nos report as requ	re shall have the same legal effect as it made under out uired by Chapter 607, Florida Statutes; and that my nam	re appears in
	3 \ A. A		1 1	A 🕣