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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000052810**1. Corporation Name

JUSTLIKEME, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90187 002 ***150.00



Principal Place	of Business	Mailing Address							
1060 NORTHWEST 56TH STREET		1060 NORTHWEST 56TH STREET							
MIAMI FL 33127		MIAMI FL 33127				DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
	•					06/16/1997			
						4. FEI Number		·	plied For
2. Principal Pla	ace of Business	2a. Mailing Address				**		. —	t Applicable
21		26				65-0760566			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		_ 27					<u></u>	Fee Re	
City & State	,	City & State				6. Election Campaign Financing	П	\$5.00	, ,
23		28				Trust Fund Contribution		Added_t	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre		ngible	a.
24	25 29 3		30	10		Personal Property Tax.		☐ Yes .	XZNo
	9. Name and Address of Current	Registered Agent		L		10. Name and Address of New R	egistered A	.gent	
				81	Name				
HOUSTON, CAROL			į	82	Ctroot Add	ress (P.O. Box Number is Not Accepta	hlel		
1060	NW 56 STREET			02	Street Add	less (F.O. Dox Number is Not Accepta	Jie)		ļ
MIAMI FL 33127				83					
				84	City		FL	85 Zip (Code
44 Dursuant t	to the provisions of Sections 607 0502	and 607,1508, Florida Statut	es, the al	bove	-named corp	poration submits this statement for the	purpose of c	hanging its	registered
office or re	anistored agent or both in the State o	it Florida. Such chande was a	urnonzea	ו עם נ	the corporati	ion's board of directors. I hereby accep	t the appoint	tment as re	gistered
agent. I ar	m familiar with, and accept the obligati	or, Section 607.0505, Fig	nua Statt	utes.		//	126/9	0	ļ
SIGNATURE	- Clark 1 Dely		. Desistered	Annet	nicoch re esquire	ed when reinstating)	DATE 7		 1
	Signature, typed or printed name of logistics agent OFFICERS AND		13.	Again	signature require	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
12.	PD OFFICERS AND	DELETE	1,1 711	TI F	- 1	ADDITIONO (ANTOES TO ST.		Change	Addition
TITLE	· · · · · · · · · · · · · · · · · · ·	- Detere			İ				_
NAME	HOUSTON, CAROL A		1.2 NA						ļ
STREET ADDRESS	1060 NORTHWEST 56TH STREI	Li	1		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33127		_	TY-ST	-ZIP			Change	Addition
TITLE	STD ·	☐ DELETE	2.1 TIT	TLE				Change	Addition
NAME	HOUSTON, LARONN		2.2 NA	AME					
STREET ADDRESS	1060 NORTHWEST 56TH STREE	ET	2.3 ST		+ DODGGG				
_CITY-ST-ZID	ARIANA EL 00407			IKEEL	AUDRESS }				
	_MIAMI_FL-33127			IREET.	1				
TITLE	S	☐ DELETE	2.4 () 3.1 TT	IFY ST	1			☐ Change	Addition
	\$		_	TLE	1			Change	Addition
NAME .	S WILLIAMS, SHARON D		3.1 TIT 3.2 NA	TLE AME	5-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS	S WILLIAMS, SHARON D 7901 VALLEY MANOR ROAD		3.1 TII 3.2 NA 3.3 ST	TLE AME TREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHARON D 7901 VALLEY MANOR ROAD BALTIMORE MD 21117	☐ DELETE	3.1 TTT 3.2 NA 3.3 ST 3.4. CI	TLE AME TREET	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	S WILLIAMS, SHARON D 7901 VALLEY MANOR ROAD BALTIMORE MD 21117 T		3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT	TLE AME IREET.	ADDRESS				
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 i ss, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

N. MIAMI FL 33261

Daytime Phone #