


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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90149 022 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000056528</b>					
1. Corporation Name <b>VIRTUAL MATES, INC.</b>					
Principal Place of Business 9900 STIRLING RD. STE. 202 COOPER CITY FL 33024			Mailing Address 9900 STIRLING RD. STE. 202 COOPER CITY FL 33024		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>10242 N.W. 47 street</b> Suite, Apt. #, etc. 22 <b>Suite 1</b> City & State 23 <b>SUNRISE, FL</b> Zip Country 24 <b>33351</b> 25 <b>US</b>			2a. Mailing Address 26 <b>10242 N.W. 47th street</b> Suite, Apt. #, etc. 27 <b>Suite 1</b> City & State 28 <b>Sunrise, FL</b> Zip Country 29 <b>33351</b> 30 <b>US</b>		
3. Date Incorporated or Qualified <b>06/26/1997</b>			4. FEI Number <b>65-0766011</b>		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>\$5.00</b> May Be Added to Fees		
9. Name and Address of Current Registered Agent <b>COLODNY, JOHN D</b> <del>9900 STIRLING RD. STE. 202</del> <del>COOPER CITY FL 33024</del>			10. Name and Address of New Registered Agent 81 Name <b>COLODNY, JOHN D</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10242 N.W. 47th Street</b> 83 <b>Suite 1</b> 84 City <b>SUNRISE</b> 85 Zip Code <b>FL 33351</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <b>John D. Colodny</b> <b>John D. Colodny</b> <b>4/22/99</b> Signature, typed or printed name of registered agent, and title if applicable. (NONE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>COLODNY, JOHN D.</b> STREET ADDRESS <b>9900 STIRLING RD. #202</b> CITY-STATE-ZIP <b>COOPER CITY FL 33024</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		

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:

**John D. Colodny, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

954-578-9991

Daytime Phone #