**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700066141

1. Corporation Name

TUBS R US, INC.

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90195 007 \*\*\*150.00



Principal Place of Business Mailing Address			- I (BRISKAN SIM IMICL IMMEI MRIIT MAILE MAILE MOITH MITHE FIRM ATTACH TIME THAT THE FARE			
·		Mailing Address				
1316 AVON LAI	NE	1316 AVON LANE			*	
SUITE 715 SUITE 715 SUITE 715 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068				DO NOT WRITE IN THIS SPACE		
NOTITI ENDOCTIONEE TE SOCO				3. Date incorporated or Qualifed		
				07/31/1997		
2 Principal Pl	ace of Rusinessy	2a, Mailing Address \		4. FEI Number	17	Applied For
21 112	W. KIVER Dr.	26 1121 W. A	wer DR.	65-0771450	<u> </u>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75	Additional
22 27			_	5. Certificate of Status Desired		Required
City & State			EI	6. Election Campaign Financing		0 May Be
23 M W	Country	28 Margare	intry / A	Trust Fund Contribution  8. This corporation owes the current year		d to Fees
<del>4</del> 1  33	10632505A	29 7 3563 30	ISA	Personal Property Tax.	Yes	X No
<u> </u>	g. Name and Address of Current	······································	·	10. Name and Address of New Register	ed Agent	
			81 Name			
PITTER, CARL S				(5.5.5		
7447 NORTH WEST 57TH STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		ì
TAMARAC FL 33319			83			
			84 City	F	L 85 Zi	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	bove-named corpo	ration submits this statement for the purpose	of changing i	ts registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was authorize	by the corporation	n's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	Signature, typed or printed name of registered agent a	ANOTE: Popietore	Agent signature required	when reinstating) DATE	<del></del>	
	OFFICERS AND		Mant signature reduied	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
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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 Block 12 or Block 13 if changed, or on an agreement with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)