## - 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 # P97000076911

1, Corporation Name

GOING NUTS, INC.

Principal	Place	of	Business
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Mailing Address

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90017 040 \*\*\*150.00

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Principal Place	OI BUSINESS	Mailing Address						
6351 SAN MICH	HEL WAY 6351 SAN MICHEL WAY							
DELRAY BEACH	Y BEACH FL 33484 DELRAY BEACH FL 33484			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified			
į					1 3 1			
					09/05/1997 4. FEI Number Applied For			
	ace of Business	2a. Mailing Address						
21		26			00 000 100 1			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
22		27						
<u> </u>	City & State City & State			6. Election Campaign Financing \$5:00 May Be Trust Fund Contribution Added to Fees				
23		Zip Country		<del></del>				
Zip	Country	Zip	٠ .	,	8. This corporation owes the current year Intangible Personal Property Tax.  No  No			
24	25	29 30	<u> </u>		Personal Property Tax. A Yes LJNo  10. Name and Address of New Registered Agent			
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Negistered Agent			
HOD	KIN, PETER M		"	Hame				
		E.4100-	82		ddress (P.O. Box Number is Not Acceptable)			
l	-WEST-COMMERCIAL BLVD SUIT	E-4100	-		Broward Blvd.			
- <del>ron</del>	T-LAUDERDALE FL-33309		83	Suite	e# 1501			
	•		84	<del></del>	85 Zio Code			
Į				Fort	Lauderdale <b>FL</b> 33301			
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named cor	rporation submits this statement for the purpose of changing its registered			
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligation	r Florida. Such change was auth ons of. Section 607.0505, Florida	orized by Statute:	une corpora 3.	tion's board of directors. I hereby accept the appointment as registered			
_	I Idiriala Willi, 2112 2000pt 1115 Congest				ļ.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature requi	ired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition			
NAME	ZUCKERMAN, RANDI	i	1.2 NAME	Ì				
STREET ADDRESS	6351 SAN MICHEL WAY		1.3 STREE	T ADDRESS	·			
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-8	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE		Change Addition			
NAME			2.2 NAME	1				
STREET ADDRESS			2.3 STREE	TADDRESS				
1 1			2.4 CITY-	<b>,</b>	1			
CITY-ST-ZIP		DELETE	3.1.TITLE		☐ Change ☐ Addition			
TITLE	The state of the s		3.2 NAME					
NAME			l	T ADDRESS	}			
STREET ADDRESS								
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	31-ZIP	☐ Change ☐ Addition			
TITLE	•							
NAME			4. 2 NAME	į				
STREET ADDRESS				TADDRESS	·			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	☐ Change ☐ Addition			
TITLE		☐ DELETE	5.1 TITLE	. ]	☐ Change ☐ Addition			
NAME	,		5.2 NAME	f	,			
STREET ADDRESS			Į.	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS	}			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				
<u></u>					The state of the s			

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 charges or on an attachment with an address, with all other like empowered.