

05071999-90004-015-\$150.00-\$150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000084933 1. Corporation Name CACHET MODELING & SALES, INC.			
Principal Place of Business 437 E ATLANTIC BLVD SUITE 1-B POMPANO BEACH FL 33060		Mailing Address 437 E ATLANTIC BLVD SUITE 1-B POMPANO BEACH FL 33060	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country	
3. Date incorporated or Qualified 09/30/1997		4. FBI Number 65-0785481	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		8. Name and Address of Current Registered Agent ASHCRAFT, WILLIAM E 2736 NE 19TH STREET FORT LAUDERDALE FL 33305	
9. Name and Address of New Registered Agent 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. City 34. State 35. Zip Code		10. Name and Address of New Registered Agent 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. City 34. State 35. Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.			
SIGNATURE <i>[Signature]</i> DATE 5-18-99			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(b), 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 the employees.			

SIGNATURE: *[Signature]*

6-1-99 954-782-8553

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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