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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090112 (8)

SUCCESSFULL PRESENTATIONS, INC. Principal Place of Business Mailing Address ***JENNIFER MOSS *JENNIFER MOSS** 7048 BERACASA WAY 7048 BERACASA WAY DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 10/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζφ Country Country 8. This corporation owes or has paid the current year Intapgible Personal Property Tax due June 30. ☐ Yes **₩** No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MOSS, JENNIFER 7048 BERACASA WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Z Addition 2T0F MOSS, 1878R 7048 BERALASA HAY NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS BOCA RATION FL 33433 1.4 City - ST - ZiP CITY-ST-ZIP TITLE DELETE 2.1 TITLE V D Change Addition MOSS, JEANFER NAME 2.2 NAME 7048 BERACASA NAY STREET ADDRESS 2.3 STREET ADDRESS BOCA RATION FL 33433 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST-7IP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 supplied around 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 source of the corporation or the source of the corporation or the source of the corporation of the source of the source

PETER MOSS

6.4 CITY-ST-ZIP

SIGNATURE:

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561 368 9199

FILED

Apr 27 1998 8:00am

Secretary of State

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