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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700093000

1. Corporation Name

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90014 045 \*\*\*150.00

3 SIDES	5, INC.							! <b>!</b> ! <b>!!!!</b> !!!! <b>!!</b> !!!		
· ·	e of Business	Mailing Address								
10349 NORTHWEST 6TH COURT 10349 NORTHWEST 6TH COURT CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifect		S SPACE		
						10/29/1997	l			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Ar	plied For		
21		26				65-0791262			ot Applicable	(
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> / Fee Re	Additional equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be		
23		28				Trust Fund Contribution		Added:		
Zip Country		Zip Country			•	8. This corporation owes the cur	rent year l	<u>~</u>		
24	9. Name and Address of Current	29 Pagistored Agent	30	1		Personal Property Tax.  10. Name and Address of New	Ponistoro	☐ Yes	□No	
	5. Name and Address of Curtent	Iragistered Agent		81	Name	10. Name and Address of New	KeAlatele	u Agent		
KLIS	TON, TODD W				- <u></u>					
	I WEST BROWARD BLVD SUITE 3	375		82	Street Addre	ess (P.O. Box Number is Not Accept	able)			
PLA	NTATION FL 33324			83						
			-	84	City			85 Zip (	Code	
11, Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State or	and 607.1508, Florida Sta	tutes, the at	bove-r	named corpo	pration submits this statement for the	purpose o	bf changing its	registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, f	s autnonzed Florida Statu	i by indutes.	e corporation	no source of anothers, i hardly been	PPP.		giotoraa	
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6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

95'4- 34/-5'544 Daytime Phone #