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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name CLIP THIS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

5915 MEMORIAL HIGHWAY

SUITE J

21

22

23

24

Zip

TAMPA FL 33615



DOCUMENT # P9700093717

Country

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mailing Address 5915 MEMORIAL HIGHWAY

TAMPA FL 33615

2a. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE J

26

27

28

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90170 021 ***150.00



DO NOT WRITE IN THIS SPACE							
Date Incorporated or Qualifed 10/31/1997				ĺ			
FEI Number			Applied For				
59-3487288			Not Applicable				
Certifcate of Status Desired	□ .,		5 Additional Required				
Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees				
This compretion owes the curre	nt vear Inta	naible	/				

23				
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent	
DEDECTIO JAMES	81	Name		
PERFETTO, JANIS 5915 MEMORIAL HIGHWAY		82	Street Address (P.O. Box Number is Not Acceptable)	
SUITE J TAMPA FL 33615		83		
(A)(I) A 1 E 00010	84	City FL 85 Zip C	Code	

3.

4.

5.

6.

Personal Property Tax.

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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Renir	stered Agent signature red	guired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D DE	LETE	1.1 TITLE	☐ Change	Addition	
NAME	PERFETTO, JANIS		1.2 NAME			
STREET ADDRESS	14801 MARJO STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP			
TITLE	D . □ DE	LETE	2.1 TITLE	Change	Addition	
NAME	HEUGEL, BEN		2.2 NAME			
STREET ADDRESS	6910 LAKE VIEW COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33634	*	2.4 CITY-ST-ZIP			
TITLE	DE	LETE	3.1 TITLE	☐ Change	☐ Addition	
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		_	
TITLE	DE	LETE	4.1 TITLE	☐ Change	☐ Addition	
NAME	4	4	4.2 NAME			
STREET ADDRESS	,		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE	□ DE	- 1	5.1 TITLE	, Change	☐ Addition	
NAME		•	5.2 NAME			
STREET ADDRESS		1	5.3 STREET ADDRESS		i	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	DE		6.1 TITLE	☐ Change	Addition	
NAME 4	A CONTRACT		6.2 NAME			
STREET ADDRESS	Control of the contro		6.3 STREET ADDRESS			
CITY-ST-ZIP	ATT 的复数 全种性各种。		6.4 CITY-ST-ZIP			
14 I horoby a	artifuthat the information expelled with this filing does not a	usalify for the	exemption stated	in Section 119.07(3)(i) Florida Statutes, I further certify that the info	ormation	

indicated on this annual report or supplied with an address, with all other like empowered.

15.07(5)(f), I like a supplied with an address, with all other like empowered.

16.07(5)(f), I like a supplied with a like 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. 888 -

SIGNATURE:

CIPE PEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR