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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000095065**

FUEL FOR THE SOUL ENTERTAINMENT, INC.

Principal Place	e of Business	Mailing Address							
1930 NW 107 AVE 1930 NW 107 AVE						·			
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026			6			DO NOT WRITE IN THIS	SPACE	:	
						3. Date Incorporated or Qualifed 11/05/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	\neg	App	lied For
21		26				65-0795002	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			dditional
22		27				o. Octations of States Desired	Fe	e Rec	quired
City & Stat	e	City & State	<u>⊢</u>			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		ntry		8. This corporation owes the current year Inta	ngible Yes	4	No.
24	25		30			Personal Property Tax. 10. Name and Address of New Registered A			2110
	9. Name and Address of Curre	iit Kegisteleu Agent		81	Name	To. Italia dia Acadesa et Meir Teglerore	3		
KAU	FMAN, CHERYL J		1						
2301 SUNSET DRIVE			Ì	82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAN	MI BEACH FL 33140		ŀ	83					
	•		L				TT-	<u> </u>	
				84	City	FL	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	es, the ab	00V6-I	named corp	rogration submits this statement for the nurrose of o	hangin	gitsı	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	by th	e corporati	tion's board of directors. I hereby accept the appoin	tment a	ıs reg	istered
Ü	III (altinial with, and accept the oblig	ations of, deciron dor.cood, this	naa Olala						
SIGNATURE	Signature, typed or printed name of registered again	ent and title if applicable. (NOTE:	Registered A	Agent s	ignature require	red when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	☐ DELETE	1.1 TITI	LE			☐ Cha	nge	☐ Addition
NAME	PIETRO, STEVEN R		1.2 NA						
STREET ADDRESS	1930 NW 107TH AVE		1.3 STF	1.3 STREET ADDRESS		•			
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP		ZIP		Cho		Addition
TITLE	☐ DELETE			2.1 TITLE			☐ Cha	iige	
NAME			2.2 NA						
STREET ADDRESS			1		DORESS				
CITY-ST-ZIP	☐ DELETE		_	2. 4 CITY-ST-ZIP 3.1 TITLE			["] Cha	nge	Addition
TITLE	_		I.	3.2 NAME				50	
NAME					DDRESS				
STREET ADDRESS			3.4. CIT						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITI		ZIF		Cha	inge	Addition
NAME			4. 2 NA						
STREET ADDRESS					DORESS				
					1				
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE			Cha	nge	Addition
NAME			5.2 NAJ	ME					
STREET ADDRESS			5.3 STF	REETA	DDRESS				
CITY-ST-ZIP			5.4 CIT	Y- ST-2	ZIP				
TITLE		☐ DELETE	6.1 TITI	LE			☐ Cha	nge	☐ Addition
NAME			6.2 NAI	ME					
			6.3 STF	REETA	ODRESS				

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STEVEN-R. PIETRO

1/11/49