

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90010 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000099581**

1. Corporation Name
4290 PARTNERS INC.



Principal Place of Business
**580 VILLAGE BOULEVARD, #150
 WEST PALM BEACH FL 33409**

Mailing Address
**580 VILLAGE BOULEVARD, #150
 WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1997

4. FEI Number
65-0796739 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **901 Northpoint Pkwy**
 Suite, Apt. #, etc. 22 **304**
 City & State 23 **WPB FL**
 Zip 24 **33407** Country 25

2a. Mailing Address
 26 **901 Northpoint Pkwy**
 Suite, Apt. #, etc. 27 **304**
 City & State 28 **WPB FL**
 Zip 29 **33407** Country 30

9. Name and Address of Current Registered Agent
NEEDLE, ROBERT
580 VILLAGE BLVD
STE 150
W PALM BCH FL 33409

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
901 Northpoint Pkwy
 83 # **304**
 84 City **WPB** FL 85 Zip Code **33407**

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]* DATE **2/1/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACK, JOSEPH	
STREET ADDRESS	3114 45TH ST	
CITY-ST-ZIP	W PALM BCH FL 33409	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREENFIELD, HOWARD	
STREET ADDRESS	985 BEAR ISLAND DR	
CITY-ST-ZIP	W PALM BCH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 Northpoint Pkwy # 304
1.4 CITY-ST-ZIP	WPB FL 33407
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	901 Northpoint Pkwy # 304
2.4 CITY-ST-ZIP	WPB FL 33407
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secy - VPRES
3.3 STREET ADDRESS	DAVID NEEDLE
3.4 CITY-ST-ZIP	701 NORTHPOINT PKWY # 304 WPB, FL 33407
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	ROBERT NEEDLE
4.4 CITY-ST-ZIP	701 NORTHPOINT PKWY # 304 WPB, FL 33407
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **2/1/99** Daytime Phone #

CR2E034 (11/98)