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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108224

1. Corporation Name

ETX II, INC.

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90029 037 ***150.00



Oringinal Place	o of Rusiness	Mailing Address					
1298 NW 82ND AVE							
•••••					DO NOT WRITE IN TH	IS SPACE	
	•				3. Date Incorporated or Qualifed		
		T - N. 19 A 44			12/26/1997 4. FEI Number		Applied For
	pat Place of Business 2a. Mailing Address				1		Not Applicable
21	*	Suite, Apt. #, etc.			65-0803216		Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired		Required
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible	
24	25	29 30]		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Ågent	
			81	Name			
MORTON, MURRAY A			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1298 NW 82ND AVE							
CORAL SPRINGS FL 33071			83				
			84	City		. 85 Zi	ip Code
				•	poration submits this statement for the purpose		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes		on's board of directors. I hereby accept the appoint the second of directors and second of the secon		
12.	OFFICERS AN		13.	r agriculto rodalito	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Chang	
NAME	MORTON, MURRAY A		1.2 NAME				
STREET ADDRESS	1298 NW 82ND AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.40		r-ZIP		_	
TITLE	D	☐ DELETE	2.1 TITLE			Chang	e
NAME	MORTON, MARILYN J		2.2 NAME				
STREET ADDRESS	AGGO ANAL GRAITS AND		2.3 STREET	ADDRESS			
C/TY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Chang	e 🗌 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE	☐ DELETE 4.11		4.1 TITLE			Chang	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge
NAME			5.2 NAME	l			

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 peport 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

Change

Addition