## 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 # P9800001860

1. Corporation Name

FIRST TIME, INC.

Principal Place of Business

1438-A SKEES ROAD WEST PALM BEACH FL 33411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

1438-A SKEES ROAD

WEST PALM BEACH FL 33411

## Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90086 043 \*\*\*150.00

	DO NOT WRITE IN THIS SPAC	E	
3.	Date Incorporated or Qualifed		
	01/08/1998		
4.	FEI Number	Applied For	
	65-0802627	Not Applicable	
_	\$8	.75.Additional	
<b>j</b> .		Fee Required	
6.		\$5.00 May Be Added to Fees	

8. This corporation owes the current year Intangible

9. Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE

Country

25

**CORAL GABLES FL 33134** 

		10. Name and Address of New Registered Agent
31	Name	INTHONY COMBS
	A) ( i	Alice (D.O. Dev. Newsbania Mat Assessable)

84 City

Personal Property Tax.

11	Pursuant to the provisions of Sections 607.05	02 and 607.1508.	. Florida Statutes, the above-	named corporation submits this state	ment for the purpose	or changing its registered
	1 disduit to the provious to a constitution		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		hombic account the out	naintment as registered
	office or registered agent, or both, in the State	of Florida, Such	change was authorized by the	ne corporation s board of directors. I f	петеру ассерт тів арт	hollittiietit as registered
	office of registered agent, or court in the estate			•	· · · · · · · · · · · · · · · · · · ·	_
	agent. I am familiar with, and accept the oblig-	ations of Section	607.0505. Florida Statutes.		_ /	í
	agent in a man a secopt the cong.		•		$\sim$ 1	/ I A A
		/ 1 A			41.	A CTOC
		/ _ B	_			. 725 1 7 77

Country

30

agent. i p	m ramiliar with, and accept the obligations of,	Section 607.0303, Florida	a Statutes.		$\alpha / \alpha / \alpha $		
SIGNATURE	Signature, typed or printed name of registered agent and title	f apolicable. (NOTE: Re	egistered Agent signature rec	quired when reinstating)	3/28/99 PATE		
12.	OFFICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	COMBS, ANTHONY		1.2 NAME				
STREET ADDRESS	1438-A SKEES ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33411		1.4 CITY-ST-ZIP		<u> </u>		
TITLE	TD	DELETE	2.1 TITLE	-/	☐ Change	☐ Addition	
NAME	POWELL, E.	,	2.2 NAME	"			
\$TREET ADDRESS	1438-A SKEES ROAD	, .	2.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33411	<del></del>	2.4 CITY-ST-ZIP				
TITLE		C DELETE	3.1 TITLE	•	☐ Change	☐ Addition	
NAME			3.2 NAME			.	
STREET ADORESS			3.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4.2 NAME			}	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition }	
NAME			5.2 NAME			}	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			6.3 STREET ADDRESS		•	}	
			EACITY OF TID			1	

14. 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.

□ No

Zip Code

85