PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000002421

1. Corporation Name

THE RED-EYED TREE FROG COMPANY

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90090 015 ***150.00



Principal Place	e of Business	Mailing Address		•			
3311 N.W. 18TH		3311 N.W. 18TH AVENUE					
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309				DO NOT WRITE IN THI	S SPACE		
				3. Date Incorporated or Qualifed			
				01/07/1998		- [
	10.13	2- Molling Address		4. FEI Number	Ann	lied For	
2. Principal P	lace of Business	2a. Mailing Address 26 2141 5-W 2	& WAY	65-0823123		Applicable	
Suite	1/ oil.	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Ac		
22	والمعا فيدون بمودينين	27	مناينات ومسجود	<u>a : </u>	Fee Req	urea	
City & Stat	- Lovderdate	28 Ft Laudendo	ik, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	- ;	
Zip	Country		Country	8. This corporation owes the current year I	ntangi ble		
a 333	12 25:115A	29 33312 30	U.SA	Personal Property Tax.	Æ Yes 〔	□No	
	9. Name and Address of Current I			10. Name and Address of New Registere	J Agent		
DEO		<u></u>	81 Name	Kevin J. Bechert	_		
3311 N.W. 181H AVENUE				82 Street Address (P.Q. Box Number is Not Acceptable)			
				41 DW 28 Way			
OAK	(LAND PARK FL 33309		83	Li laudendala Fi			
			84 City	- LUVUUUUIC/12	85 Zin C	ode	
				F	L 33	312	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-named	corporation submits this statement for the purpose	of changing its r	egistered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida, Such change was author	nzea by the corbo	pration's board of directors. I hereby accept the app	ointment as regi	Isterea	
	пп таппшаг with, ано ассерт the obligatio	na or, occion oct.coco, monda c	Ç.4(11) Ç.				
SIGNATURE	Signature, typed or printed name of registered agent a	od title if applicable. (NOTE: Regin	stered Apent signature n	equired when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	D	□ DELETE	1.1 TITLE		Change	Addition	
NAME	BECHERT, KEVIN		1.2 NAME	KEVIN BECHERT	- AD1	press	
STREET ADDRESS	ACAD AND ACTIVE AND MILE		1.3 STREET ADDRESS	JULI FW 20 WAY			
	OAKLAND PARK FL 33309		1.4 CITY-ST-ZIP	Ft / Avider Sale Fi	. 3331	2	
CITY-ST-ZIP TITLE	OARDAND FAIR IE 30003		2.1 TITLE	1 Latveer	Change	☐ Addition	
		_	2.2 NAME				
NAME]					•	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	☐ Change	Addition	
TITLE		_					
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		[] Change	Addition	
TITLE			4.1 TITLE		C) change		
NAME	-	•	4. 2 NAME				
STREET ADDRESS		,	4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE			5.1 TITLE		Change	Addition Addition	
NAME	Į.		5.2 NAME	· ·			
STREET ADDRESS			5.3 STREET ADDRESS	·			
CITY-ST-ZIP	ļ		5.4 CITY+ST+ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP