PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOOLINGENIT #	P98000003365
DOCOMENT #	P9X01110033555
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926 COMPANY, INC.

Principal Plac	incipal Place of Business . Mailing Address			t 12 frid St. (12 reiet i falit gerit gares gates gates gang	rings freis sust eret tallt	
2 VIRGINIA GARDEN 2 VIRGINIA GARDEN						
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483				DO NOT WRITE IN THIS SPA	ACE	
					3. Date incorporated or Qualified	102
\					01/09/1998	İ
2 Dringing 5	Place of Business	2a, Mailing Address			▲ FEI Number	Applied For
_	riace of publiess	26			65-0811698	Not Applicable
21 Suite, Apt	# elc	Suite, Apt. #, etc.				8.75 Additional
22	. ,,	27			5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State	-		6. Election Campaign Financing	\$5.00 May Be
23	•	28	·		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangi	
24	25	29	30		Personal Property Tax.	
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Registered Age	nt
			8	Name		
	EDASARIAN, RICHARD C		â	2 Street Add	fress (P.O. Box Number is Not Acceptable)	
i	O CORPORATE BLVD. N.W.					
	TE 302		8	13		
BOCA RATON FL 33431		a	4 City	8	5 Zip Code	
ł			1	1 4.4	FL	l
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	Signeture, typed or printed name of registr	MOTE AND A MARKET	- Dardstand &	nent eloneture ceruir	aid when reinstating) DATE	
12.		RS AND DIRECTORS	13.	And otherway of	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
TILE	STPD	DELETE	1.1 111112	<u> </u>		Change Addition
NAME	HOPLAMAZIAN, MICHAEL		1.2 NAM	E		1 2
STREET ADDRESS	*********		1.3 STRE	EET ADDRESS		}
CITY-ST-ZIP	DELRAY BEACH FL 3348	3	1.4 CITY-	-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition C
NAME			22 NAM	E	•	
STREET ADDRESS	s		2.3 STRE	EET ADDRESS		}
CITY-ST-ZIP			2.4 CITY	r-ST-ZIP		
TITLE	* * * *	☐ DELETE	3.1 TITLE	· _		Change Addition
NAME			3.2 NAME	E		
STREET ADDRESS	s)		3.3 STRE	EET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		10
TITLE		□ OELETE	4.1 TITLE	. [Change Addition
NAME			4. 2 NAM		•	
STREET ADDRESS			4.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-			Change Addition
TITLE	}	☐ DELETE	51 TITUE	- [. · ·	Change Addition
NAME	· ·		5.2 NAM	- I		
STREET ADDRESS	s			ET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP		

81 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

TILE

NAME

STREET ADDRESS

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.

Change

Addition

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90041 048 ***150.00