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 # P98000004238

FLU BUSTERS, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90003 007 ***150.00

Principal Place	of Business	Mailing Address							
1940 SW 68TH PLANTATION FL		1940 SW 68TH AVE. PLANTATION FL 33317							
PLANTATION FE	. 33317	FERITATION 12 33377			DO NO	T WRITE IN THIS S	PACE_	منتب سنت بنسب	
<u> </u>				3. Date Incorporated or Qualifed 01/09/1998					
2. Principal Pl	ace of Business	2a. Mailing Address		• .	4. FEI Number	200	Α	Applied For	
21 6787	L M SUNRIJU BLVD	26 6782 W SU	INRIJO	BWB	65-0845	235	N	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 0 iii 1 f Ot-tu- Dan		\$8.75	Additional	
22		27			5. Certificate of Status Desired Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				(
Z3 PC/A	MTATUW FL	28 PCANTATUN, FC			Trust Fund Contribution Added to Fees				
Zip	Country	Zip - 22 (2			8. This corporation owes the	ne current year Inta	ngib/e		}
Zip 333	$3 \times 3 \times 25 \times 13 $	29 33515 30	Country	•	Personal Property Tax.	'م	Yes	□No]
	9. Name and Address of Current		·		10. Name and Address of	New Registered A	gent]
			81 Na	ime					-
ENTI	n, richard c esq.		02 0		ss (P.O. Box Number is Not A	ocentable)			}
8411	W. OAKLAND PARK BLVD.		82 St	reet Addres	SS (P.O. BOX Number is NOT A	(cceptable)			
SUN	RISE FL		83						1
									Į
			84 Ci	ty		FL	85 Zip	Code	
44 Disease	to the provisions of Sections 607.0502	and 607,1508, Elorida Statutes	the above-na	med corno	ration submits this statement	for the purpose of c	hanging i	ts registered	
office or re	edistered agent, or both, in the State of	Florida, Such change was author	onzea by the '	corporation	's board of directors. I hereby	accept the appoin	tment as r	egistered	
agent. I ar	n familiar with, and accept the obligation	ns of, Section 607.0505, Florida	Statutes.						
SIGNATURE		d Site if angliagh)	stered Agent sign	ature required	when reinstation)	DATE	<u>`</u>) _
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	atore reduced	ADDITIONS/CHANGES		DIRECT	ORS IN 12	1 8
TITLE	D	□ DELETE	1.1 TITLE	D			Change		1;
	GRIEFF, JEFFREY		1.2 NAME	1 %	REIFF, JEFFR RVO SW CO 8+M DLANTATUNUJFL	'ey			}
NAME	1940 SW 68TH AVE.		1.3 STREET ADD	DECC 19	200 SW 68 PM	NE			8
STREET ADDRESS				NESS /	OCIANITATIMI FI	33317			5
CITY-ST-ZiP	PLANTATION FL 33317	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	- r	Charles Land II C		Change	e Addition	7
TITLE		- Deterie							ľ
NAME			2.2 NAME						1
STREET ADDRESS			2.3 STREET ADD	l		,			1
CITY-ST-ZIP	a suig-e		2. 4 CITY-ST-ZiP				[] Change	e Addition	4
TITLE	İ	☐ DELETE	3.1 TITLE		·		[_] Change	,Addision	
NAME			3.2 NAME					•	
STREET ADDRESS			3.3 STREET ADD	RESS					
CiTY-ST-ZIP			3.4. CITY-ST-ZIP					——————————————————————————————————————	-
TITLE		☐ DELETE	4,1 TITLE		-		Change	e Addition	
NAME			4. 2 NAME	1	. ,				'
STREET ADDRESS		•	4.3 STREET ADD	RESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u></u>				_
TITLE		☐ DELETE	5.1 TITLE				☐ Change	e Addition	
NAME			5.2 NAME						1
STREET ADDRESS	i		5.3 STREET ADD	RESS	4				
CITY-ST-ZIP			5.4 CITY-ST-ZIP						1
TITLE		☐ DELETÉ	6.1 TITLE	<u> </u>		1.00 day	☐ Change	e 🔲 Addition	1
NAME		_	6.2 NAME						-
STREET ADDRESS			6.3 STREET ADD	RESS					
CITY ST 7ID			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 attacking the manual report as required by Chapter 607.

SIGNATURE:

JEFFROY DIGREFF MD 3/15/19
Date 9 (2) POYMENTS "4/0 4)