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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800007444

1. Corporation Name

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90145 038 ***150.00

MUSSELL JA	COBS, P.A.								
	4.4.5								
		Mailing Address				HER INDIK ENIKA DI	KII OONK KOKI	ORAN (BONS BIRA	OLON RIEK IOOL
Principal Place of B		-							
1100 WEST AVE. APT. 1111 1100 WEST AVE. APT. 1111 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139									
MINIMI DEMORT PE 33103						OO NOT WRI		SPACE	
:					3. Date Incorporate	d or Qualifed			
			_		01/22/1998				
2. Principal Place o	of Business	2a. Mailing Address			4. FEI Number	1/2/2	_		plied For
21		26			65-08	13620	<u> </u>		t Applicable
Suite, Apt. #, etc	.	Suite, Apt. #, etc.			5. Certifcate of Stat	us Desired		\$8.75 / Fee Re	
22	On To	27	·			<u> </u>	<u>.</u> +		
City & State		City & State			6. Election Campai			\$5.00	May Be to Fees
23		28	Country		Trust Fund Control				10 , 663
Zip	Country	Ь	_ `	1	8. This corporation Personal Propert		en year in	la⊓gibie ☐ Yes	No
24 9.	Name and Address of Current I		<u> </u>		10. Name and Addi	ess of New I	Registered		-1
3.	Name and Address of Callent		81	Name			· •	<u> </u>	
JACOBS,	RUSSELL				(0.0.0.1		-61-1		
	ST AVE. APT. 1111		82	Street Addi	ress (P.O. Box Number	s Not Accept	able) ·	•	
	EACH FL 33139		83						
	•		L		 				
	•		84	City			FL	85 Zip	Code
11. Pursuant to the	provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abov	e-named corp	poration submits this state	ement for the	purpose of	changing its	registered
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TI III Ourse strangerman				harabit noon	nt tha anna	intment as re	
office or registe	ered agent, or both, in the State of	Florida, Such change was aut	norized by la Statutes	the corporation	on's board of directors.	nereby acce	hr ma abbo		gistered
	provisions of Sections 607.0502 ered agent, or both, in the State of niliar with, and accept the obligation	rionda. Such change was autons of, Section 607.0505, Florid	norized by la Statutes	the corporation.	on's board of directors.	nereby acce	pr tile appo		gistered
SIGNATURE	ared agent, or both, in the State of iniliar with, and accept the obligation				ed when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE		ond title if applicable. (NOTE: R					DATE	ND DIRECTO	DRS IN 12
SIGNATURE Signate	ure, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agei		ed when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Signate 12. TITLE D NAME JAC	ure, typed of printed name of registered agent a OFFICERS AND COBS, RUSSELL	ond title if applicable. (NOTE: R	egistered Agei		ed when reinstating)		DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE D NAME JAC STREET ADDRESS 110	OFFICERS AND COBS, RUSSELL DO WEST AVE. APT. 1111	ond title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME		ed when reinstating)		DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE D NAME JAC STREET ADDRESS 110	ure, typed of printed name of registered agent a OFFICERS AND COBS, RUSSELL	OND THE IT ADDICABLE. (NOTE: R.) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating)		DATE	ND DIRECTO	DRS IN 12
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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.

SIGNATURE: