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 # **P98000008437**1. Corporation Name

BINAR INC.

Principa	Place	of Business		Ma

2234 N. FEDERAL HIGHWAY. #488 **BOCA RATON FL 33431**

Mailing Address

2234 N. FEDERAL HIGHWAY, #488

BOCA RATON FL 33431

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90027 018 ***150.00



				DO NOT WRITE IN THIS	SPACE				
				Date Incorporated or Qualifed 01/26/1998					
2 Principal Pl	ace of Business	2a. Mailing Address		4 FEI Number	Applied For				
21 3750		26 3750 Villag	e Or	65-0808604	Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional				
22 # D		27 🗜 🖒		5. Certificate of Status Desired	Fee Required				
City & State	e o (- .	City & State		6. Election Campaign Financing	\$5.00 May Be				
23 Del1	my Beach FL	28 De My BEAG	th FL	Trust Fund Contribution	Added to Fees				
Zip	Country	Zip	Country	8. This corporation owes the current year Into					
24 3341	45 25 U.S.	29 33445 30	l US	Personal Property Tax.	☐ Yes ②N o				
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent				
MAD	OAL CHARLES W		81 Name	Charles W. NARON	\				
	ON, CHARLES W		82 Street A						
	N. FEDERAL HIGHWAY, #488			3750 Village Dr #D					
BOC	A RATON FL 33431		83	•	j				
			84 Cjty (85 Zip Code				
			Del	ray Beach FL	. 33445 _				
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the above-named o	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	changing its registered				
agent. I as	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	rations board of directors. This cost according to					
SIGNATURE									
	Signature, typed or printed name of registered agent a		gistered Agent signature re						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 ☐ Change ☐ Addition				
TITLE	P	☐ DELETE	1.1 TITLE 1.2 NAME	Λ 4 Λ					
NAME	,			3750 Village Dr #D Delray Boach FL 33445					
STREET ADDRESS				N. A. A. A. T. 72415					
CITY-ST-ZIP				Dellay Deach PC 33443	☐ Change ☐ Addition				
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition				
NAME			2.2 NAME		ľ				
STREET ADDRESS			2.3 STREET ADDRESS		Ì				
CITY-ST-ZIP			2.4 CITY-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition				
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
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						
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			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 attachment with an address, with all other like empowered.

SIGNATURE:

561-495-6979