FILED Apr 22, 1999 8:00 am Secretary of State

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## 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 # POROGOOG151

1. Corporation BIZNET I	MARKETING, INC.	000101				
Principal Place	of Business	Mailing Address		f 10041004 tra cores 16tit 00til 00til annis onii	<b>                                   </b>	
1730 MILL RUN CIRCLE 1730 MILL RUN CIRCLE						
TAMPA FL 33613 TAMPA FL 33613				DO NOT WRITE IN THIS SPACE 1		
				3. Date Incorporated or Qualifed	3 SPACE	
				·		
0.0: : :0		2a. Mailing Address		01/27/1998 4. FEI Number	Applied For	$\dashv$
· '	ace of Business			59-3489005	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	$\exists$
22	r, 0.0.	27		5. Certifcate of Status Desired	Fee Required	Ì
City & State	8 :	- City & State		6. Election Campaign Financing	\$5.00 May Be	Ĩ <sub>-</sub>
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	itangible	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes DNo	_
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	I Agent	
50.14	NOW FOUNDATIONS INC		81   Name   1-	RICK LI BRYE		
FINANCIAL FOUNDATIONS, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptable)			
2843 THAXTON DRIVE STE. 37 PALM HARBOR FL 34684			190 MILL KONG	18016		
PALE	M HANDUN FL 34004	,	[83]			1
			84 City	www oa FI	85 Zip Code 336/3	
·					f -b i - i iti oto-od	4
11. Pursuant	to the provisions of Sections 607.050: egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	, the above-named corp norized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	pintment as registered	
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	a Statutes.	4-17	90	1
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SIGNATURE	1910 1 PS V	Rick Li BRTI			· · · /	١,
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AN		ngistered Agent signature require  13.  1.1 TITLE			on i
12.	OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating) DATE	ND DIRECTORS IN 12	on i
12. TITLE NAME	P BRYE, FREDERICK JR.	nt and title if applicable. (NOTE: Re	egistered Agent signature require  13.  1.1 TITLE	ed when reinstating) DATE	ND DIRECTORS IN 12	on
12. TITLE NAME STREET ADDRESS	P BRYE, FREDERICK JR. 1730 MILL RUN CIRCLE	nt and title if applicable. (NOTE: Re	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME	ed when reinstating) DATE	ND DIRECTORS IN 12	n
12. TITLE NAME	P BRYE, FREDERICK JR.	nt and title if applicable. (NOTE: Re	ngistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTORS IN 12	
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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 address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS