

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 # P98000009719					
1. Corporation Name RESPERIN CORPORATION					
Principal Place of Business 230 S. CYPRESS RD. STE. C POMPANO BEACH FL 33060			Mailing Address 230 S. CYPRESS RD. STE. C POMPANO BEACH FL 33060		

FILED

90 AUG -9 11 9:47



01-28-99 90052017 \$158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1998	
4. FEI Number 65-090 8732	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent GAULIN, PIERRE RES 230 S. CYPRESS RD. STE. C POMPANO BEACH FL 33060	
10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 of 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
☐ DELETE	GAULIN, PIERRE	☐ Change ☐ Addition	
STREET ADDRESS	230 S. CYPRESS RD. STE. C	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
☐ DELETE		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
☐ DELETE		2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
☐ DELETE		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
☐ DELETE		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
☐ DELETE		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
☐ DELETE		6.3 STREET ADDRESS	
STREET ADDRESS		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)(f), 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 **SIGNATURE REQUIRED**

SIGNATURE AND POSITION OF REGISTERED AGENT OR OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

KE 8/10/99