PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

20 5 " 05

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| <ol> <li>Corporation</li> </ol>   | MENT # P98000 ACCOUNTING SERVICES  |             | 7620                   |                |             |   |
|---|--|-------------|------------------------|----------------|-------------|---|
| Principal Place   | of Business  | Ma          | ailing Address         |                |             |   |
| 3635 NW 4TH AVENUE 3635 NW 4TH AVENUE BOCA RATON FL 33431 BOCA RATON FL 33431 |  |             |                        |                |             | DO NOT WRITE IN THIS SPACE  |
|   |  |             | •                      |                |             | 3. Date incorporated or Qualifed  |
|   |  |             |                        |                |             | 02/23/1998  |
| 2. Principal Place of Business 2a. Mailing Address                            |  |             | Malling Address        |                |             | 4. FEI Number Applied For   |
|   |  |             | 26                     |                |             |   |
| Suite, Apt. #, etc.   |  |             | Suite, Apt. #, etc.    |                |             | 5. Certificate of Status Desired  |
|   |  | _ 27        | <del></del>            |                |             |   |
| City & State  | 1  | <u> </u>    | City & State           |                |             | 6. Election Campeign Financing S5.00 May Be Trust Fund Contribution Added to Fees   |
| 23  | Country  | 28          | Zip                    | Count          |             | This corporation owes the current year Intangible   |
| Zip   | 25   | 29          | 30                     | Count          | ,           | Personal Property Tax.  |
| 24  | 9. Name and Address of Curren  |             |                        |                | -           | 10. Name and Address of New Registered Agent  |
|   | S. Raine and receives of Contact   | · regio     | W. Co Pigotic          | 8              | Name        |   |
| BRY(  | on, Chris  |             |                        | <u> </u>       | 2 22        | Address (P.O. Box Number is Not Acceptable)   |
| 3835 NW 4TH AVENUE  |  |             |                        | 82 Street Addr |             | Address (P.O. Box Number is Not Acceptable)   |
| BOC   | A RATON FL 33431   |             |                        | 8              | 3           |   |
|   | •  |             |                        | _              | 4 600       | 85 Zip Code ,   |
|   | . ,  |             | •                      | 8              | 1 - 7       | FL  |
| SIGNATURE   | n familiar with, and accept the obligation of th | x and title | applicable. (NOTE: Reg |                |             | corporation submits this statement for the purpose of changing its registered retion's board of directors. I hereby accept the appointment as registered  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT CHRIS BRYON 3635 NW 444 AVE BOCA RATDO, FC 33431 |
| TITLE   | PRESIDENT -  |             | ☐ OELETE               | 1.1 TITLE      |             | PRESIDENT Change Addition   |
| NAME  | CHRIS BAKEN  |             | 1.2 NAME               |                | CHRIS BRYON |   |
| STREET ADDRESS  |  |             |                        | 1.3 STRE       | ET ADDRESS  | 3635 NW 44 AVE  |
| CITY-ST-ZIP   | ROCA RATUN FL  | . 33        | 431                    | 1.4 CITY-      | ST-ZIP      | BOCA RATON, FL 33431  |
| TITLE   |  |             | ☐ DELETE               | 21 TITLE       |             | ☐ Change ☐ Addition ☐   |
| NAME  |  |             | Ī                      | 2.2 NAME       |             | \   |
| STREET ADDRESS  |  |             | 1                      | 2.3 STRE       | ETADORESS   |   |
| CITY-ST-ZIP   |  |             |                        | 24diY          | ST-ZP       |   |
| TITLE   |  |             | ☐ DELETE               | 3.1 TITLE      |             | Change Addition   |
| , NAME  | <u></u>  |             | <del></del>            | 3.2 NAME       |             |   |
| STREET ADDRESS  |  |             |                        | 3.3 STRE       | ET ADDRESS  |   |
| CITY-ST-ZIP   |  |             |                        | 3.4, CITY      |             | ☐ Change ☐ Addition   |
| TITLE   |  |             | ☐ DELETE               | 4.1 TITLE      |             | ☐ Change ☐ Addition   |
| NAME  |  |             | ŀ                      | 4, 2 NAM       |             | j   |
| STREET ADDRESS  | · ·  |             |                        |                | ET ADDRESS  |   |
| CITY-ST-ZIP   |  |             |                        | 4.4 CITY-      |             | ☐ Change ☐ Addition   |
| TITLE   |  |             | ☐ DELETE               | 5.1 TITLE      |             | Ci cuaulia Ci vocineu   |
| NAME  |  |             |                        | 5.2 NAME       |             | ·   |
| STREET ADDRESS  |  |             |                        |                | ET ADDRESS  |   |
| CITY-ST-ZIP   |  |             |                        | 5.4 City-      |             | ☐ Change ☐ Addition   |
| TITLE   |  |             | ☐ DELETE               |                |             |   |
| NAME  |  |             |                        | 6.2 NAME       |             | ı   |

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 Statutas. 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 ceth; 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90006 006 \*\*\*150.00