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 # P98000019949

1. Corporation Name

POSITIVE MESSAGES, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90231 025 ***150.00

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Principal Place	of Business	Mailing Add	ress				i isa iaiai iaili aalii aasii a	Alti ABIBI IIBIB IBIIS IBI	it didiğ tari taat
405 REPUBLIC COURT 405 REPUBLIC COURT					•				
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442			BEACH FL 33442			DO NOT WRITE IN THIS SPACE			
•						2 Data Incorns	orated or Qualifed	IN THIS SPACE	
•						03/03/199			
2 Driverinal Di	of Business	2a. Mailing	Address			#. FEI Number		- ΙΑ	pplied For
─ ``	ace of Business	— <u> </u>	nuui ess			165-0	817585		lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		ot. #. etc.					\$8.75	Additional	
22 27 27 27 27 27 27 27 27 27 27 27 27 2				5. Certifcate of	Status Desired		lequired		
City & State		City & S	tate			6. Election Can	npaign Financing	\$5.00	May Be
23	·	28				Trust Fund (1	to Fees
Zip	Country	Zip		Count	ry	8. This corpora	tion owes the current	year Intangible	24
24	25	29	30			Personal Pro		Yes	Z(No
	9. Name and Address of Curr	ent Registered Ag	ent			10. Name and	Address of New Reg	istered Agent	
\	mir alangen			8	Name A	EL D.	GARDE	ERG	
	RILAWYER			8			ber is Not Acceptable)	-
	ALMERIA AVENUE		•			REPU	BLIC	C1,	
COR	IAL GABLES FL 33134			8	3	E 2018	150		
				8	4 City and an			85 Zin	Code / //
					DEE		D BEACL	%FL 33	3470
11. Pursuant	to the provisions of Sections 607.5	502 and 607.1508,	Florida Statutes,	the abo	ve-named corp	วอกสบอก Submits และ on's board of directo	statement for the pur	pose of changing its le appointment as re	s registered egistered
agent. I a	egistered agent, or both, in the ta m familiar with, and accord the obli	gations of, Section	607 0505, Florida	Statute	es.	011 0 0001 0 01 011 0011	4/,	2/22	
SIGNATURE	(161) Mada	AP 1	, , , , , , , , , , , ,	o		`	<u> </u>	9/97	
	7", "	gent and title if applicable.	(NOTE: Re		gent signature require		CHANGES TO OFFIC	DATE	OPS IN 12
12.		AND DIRECTORS	☐ DELETE	13.	;	ADDITIONS/(PHANGES TO OFFIC	Change	Addition
TITLE	PTO			1.2 NAM					
NAME	GARDBERG, JOEL D				ET ADDRESS				
STREET ADDRESS	405 REPUBLIC COURT	n			i				
CITY-ST-ZIP	DEERFIELD BEACH FL 3344 SVD		☐ DELETE	1.4 CITY-				Change	Addition
NAME	GILLER, DAVID			2.2 NAMI	ì				_
	405 REPUBLIC COURT				ET ADDRESS				ľ
STREET ADDRESS	- DEERFIELD BEACH FL 3344	9		2.4 CITY		_			
CITY-ST-ZIP	DEENITICED DEACHTE SOFT		DELETE	3.1 TITLE				☐ Change	Addition
NAME		•	·	3.2 NAM					1
STREET ADDRESS					ET ADDRESS				
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NAME				4. 2 NAM	ie !				
STREET ADDRESS				4.3 STRE	ET ADDRESS				-
CITY-ST-ZIP	,			4.4 CITY					
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STREET ADDRESS		•	1	5.3 STRE	EET ADDRESS				
CITY-ST-ZIP				5.4 CITY	-ST-ZIP				
TITLE		.,,,,,,,	DELETE	6.1 TITLE				☐ Change	Addition
NAME				6.2 NAM	Ε .	1.			
STREET ADDRESS				6.3 STRE	EET ADDRESS				
CITY OT 71D				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: