Applied For Not Applicable

Change

☐ Change

CR2E034 (11/98

☐ Addition

☐ Addition

Addition

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 046 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



learwater, FL 33760

13575 58+n St. North # 144

Clearmater, FL 33760

Lubeck, Daniel

Lubeck, Pamela

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800028429

1. Corporation Name FAF GROUP II, INC.	,0020120						
Principal Place of Business	Mailing Address				,	14114 61010 11210 1	
13575 58TH STREET NORTH SUITE 144/THE SUMMIT BUILDING CLEARWATER FL 33760 13575 58TH STREET NORTH SUITE 144/THE SUMMIT BUILDING CLEARWATER FL 33760		.DING		DO NOT WRI	TE IN THIS SPA	ACE	
_				03/24/1998			
2. Principal Place of Business	2a. Mailing Address		`	4. FEI Number 65 - 0824/90	5	Applied Not App	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additi ⊢Eee Require	
City & State	City & State	City & State				\$5.00 May Added to Fe	
Zip Country	Zip	Zip Country		This corporation owes the curr Personal Property Tax.		ible Yes 🕍 N	0
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
JEFFRIES, DAVID M 220 S. FRANKLIN ST. TAMPA FL 33602		81 82 83	Name Street Addr	ress (P.O. Box Number is Not Accepta	able)	······································	
i		84	City		FL ⁸	Zip Code	
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the older of the section	tate of Florida. Such change was auti	nonzea ov	the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of cha of the appointme	anging its regis ent as registe	tered red
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable. (NOTE: R	egistered Ager	nt signature require	d when reinstating)	DATE		
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
TITLE	☐ DELETE	1.1 TITLE		•	<u> </u>	Change	Additi
NAME Berard, Michael STREETADDRESS 13575 58 th St Vorth # 144		1.2 NAME 1.3 STREE	r ADORESS				
STREET AODRESS 133 13			ADDITEDO				

13575 56th 5t. Worth 井 144 3.3 STREET ADDRESS STREET ADDRESS Clearwater, FL 33760 3.4. CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition 4.1 TITLE TITLE Berardi, Michael Jr 4.2 NAME NAME 13575 56th St. North # 144 4.3 STREET ADDRESS STREET ADDRESS Clearwater FL 33760 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 5.1 TITLE TITLE Lubeck, soseph G 5.2 NAME NAME 13575 58th St. North # 144 5.3 STREET ADDRESS STREET ADDRESS 54 CITY+ST-ZIP Glearwater, FL 33760 CITY-ST-ZIP 6.1 TITLE Change ☐ Addition TITLE · 是一定 字语联 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME

3.1 TITLE

3.2 NAME

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 other like empowered

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME

TITLE

NAME

Date