

ILING FEE AFTER MAY 1ST IS \$550.00

ION
PORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90133 045 ***150.00

ENT # **P98000032198**

as Name

ENTERPRISES, INC.

BUGGIN ENTERPRISES, INC.

Place of Business

Mailing Address

**OAKLAND PARK BLVD., SUITE 500
FT. LAUDERDALE FL 33306**

**2601 E. OAKLAND PARK BLVD., SUITE 500
FT. LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FFI Number

N/A

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

2. Principal Place of Business

21 **1210 SE 6 TERRACE**

Suite, Apt. #, etc.

22 **POMPANO BEACH, FL**

City & State

23 **33060** **USA**

Zip

Country

2a. Mailing Address

26 **1210 SE 6 TERR**

Suite, Apt. #, etc.

27 **POMPANO BEACH, FL**

City & State

28 **33060** **USA**

Zip

Country

9. Name and Address of Current Registered Agent

**O'CONNOR, MICHAEL E
2601 E. OAKLAND PARK BLVD., SUITE 500
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name **LISA MCGUIRE**

82 Street Address (P.O. Box Number is Not Acceptable)

1210 SE 6 Terr.

83

84 City **POMPANO BEACH, FL**

85

Zip Code **33060**

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 or 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 **X Lisa McGuire**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **LISA MCGUIRE**

STREET ADDRESS **1210 SE 6 TERR**

CITY-ST-ZIP **POMP. BEACH, FL 33060**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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)(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: **X Lisa McGuire**

Date

Daytime Phone #

1/26/99 954-781-2287

CR2E034 (11/98)