## 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 # P98000034187

Country

9. Name and Address of Current Registered Agent

25

COMSPHERE, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address	
308 SW 9TH COURT	7308 SW 9TH COURT	
PLANTATION FL 33317	PLANTATION FL 33317	

26

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90092 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/1998 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No ☐ Yes Personal Property Tax.

CAVALANCIA, JENAY 7308 SW 9TH COURT PLANTATION FL 33317

	10. Name and Address of New Registered Agent								
81	Name								
82	Street Address (P.O. Box Number is Not Acceptable)								
83									
84	City	FL	85	Zip Code					

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.

Country

30

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	Registered Agent signature required	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	CAVALANCIA, NICK		1.2 NAME				
STREET ADDRESS	TARA OUL STILL COLUDE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP				
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE	-	DELETE	3 1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
5			64 CITY-ST-7IP				

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.

954-439-5061

SIGNATURE: X LDICKCOC

× 3/10/99

CR2E034 (11/98)