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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90029 049 ***150.00

DC	CL	IN/	JT.	#

1. Corporation Name

E	-ZEE SIP,	1100,						
Principal Plac	e of Business	Mailing Address			-			
172	O HARRIS	ON ST. #	7B					
				DO NOT WRITE IN THIS SPACE				
1920 HARRISON ST. #7B Howywood, FL 33020			3. Date Incorporated or Qualified					
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-08 3219		Not Applicable	
Suite, Apt.	├-¬				5. Certifcate of Status Desired	, , -	.75 Additional lee Required	
City & Stat	Cin. 8 State			6 Floring Company Signature				
23			_	Election Campaign Financing Trust Fund Contribution		0.00 May Be		
Zip	Country Zip Country				8. This corporation owes the curren			
24	25	29	30		Personal Property Tax.	b ≪Ye		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
4	VARD A. STOP HARRISON	EII) BERG	81	Name)	
TOU	UARD IT. ~ 1		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
1720	o HARRISON	1 51 # /6	グ			<u> </u>		
,,,,,	o F		83				ļ	
Nol	Is wood	33020	84	City		85	Zip Code	
	,		1 1	•		FL		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was :	authorized by tl	named corpo he corporation	pration submits this statement for the pun's board of directors. I hereby accept to	irpose of changi he appointment	ng its registered as registered	
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable (NOT	E: Registered Agent	signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIR	ECTORS IN 12	
TITLE	PRES	□ DELETE	1.1 TITLE			∏ Ch	nange	
NAME	EUELYN BLUM	10-1.0	1.2 NAME					
STREET ADDRESS	EVELYN BLUM 1770 HARRISON	J >T#7B	1.3 STREET /	ADDRESS			ĺ	
CITY-ST-ZIP	Horry wood,	fi 33020	14 CITY-ST-	ZIP				
TITLE	7	☐ DELETE	2.1 TITLE			☐ Ch	nange	
NAME	·		2.2 NAME				{	
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2,4 CITY-ST	-ZIP				
TITLE		- DELETE~	_ I	· - -	_	<u>⊟</u> 0	nange 🗔 Addition	
NAME			3.2 NAME]	
STREET ADDRESS			3.3 STREET A	!			l	
CITY-ST-ZIP		TT DELETE	3.4. CITY-ST	-ZIP			nange	
TITLE	1	□ nerele	4.1 TITLE			الال	larige [] Addition	
NAME	}		4.2 NAME				1	
STREET ADDRESS			4.3 STREET A				}	
CITY-ST-ZIP	 	☐ DELETE	4.4 C/TY-\$T- 5.1 TITLE	EIF		☐ Ch	ange Addition	
TITLE		C) ocacie	5.2 NAME	l		_	-	
NAME			5.3 STREET A	ADDRESS			ļ	
STREET ADDRESS			5.4 CITY-ST-	1				
TITLE	 	☐ DELETE	6.1 TITLE			□ Ch	ange Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREET A	ADDRESS				
CITY-ST-ZIP)		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 a attachment with an address, with all other like empowered.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF BLUM

CR2E034 (11/98)