

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
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90003 011 ***150.00

DOCUMENT # P98000036652

1. Corporation Name

WHATSITTOYA, INC.

Principal Place of Business

Mailing Address

1124 HWY A1A

1124 HWY A1A

~~SAT. BCH, FL. 32937~~

~~SAT. BCH, FL. 32937~~

SATELLITE BEACH, FL. 32937

SATELLITE BCH, FL. 32937



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APRIL 22, 1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3513175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

E. ANN DEVARY

1124 HWY A1A

SATELLITE BEACH, FL. 32937

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	XXXXXXXXXX	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXX	
TITLE	XXXXXXXXXX	<input checked="" type="checkbox"/> DELETE
NAME	XXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXX	
CITY-ST-ZIP	XXXXXXXXXX	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	E. ANN DEVARY	
STREET ADDRESS	1124 HWY A1A	
CITY-ST-ZIP	SATELLITE BEACH, FL. 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

MILLER, MILLER & ASSOCIATES

411309

Tax and Accounting Service

ALLEN MILLER
(407) 259-7704

2087 Sarno Road
Melbourne, FL 32935

MARGE MILLER
(407) 259-7566

August 23, 1999

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

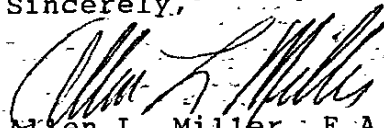
Gentlemen:

Attached is the 1999 corporate renewal form and check in the amount of \$150.00.

We are requesting that you waive any additional penalty amounts as this was the individual's FIRST YEAR for renewing her corporation and feels that she never received the "Original" renewal form.

Should there be any questions, do not hesitate to contact our office or the client at the address on the renewal form. We want to "thank you" for your kind attention to this matter.

Sincerely,



Allen L. Miller, E.A.P.A.
Tax Accountant

cc:file
client