## 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 # P98000038643

LUGBUSTER, INC.

Principal Place of Business	Mailing Address	
21346 ST. ANDREWS BLVD. SUITE 305 BOCA RATON FL 33433	21346 ST. ANDREWS BLVD. SUITE 305 BOCA RATON FL 33433	DO NOT WRITE IN TI
		3. Date Incorporated or Qualifed 04/27/1998
Principal Place of Business     1	2a. Mailing Address 26	4. FEI Number 65-0838622
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution
Zip Country	Zip Country	This corporation owes the current year

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90029 019 \*\*\*150.00



Zip Country Zip Country 8. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	\$8.75 A Fee Rec \$5.00 I Added to	quired	
2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Country Zip Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered	\$8.75 A Fee Rec \$5.00 I Added to	t Applicable additional quired	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Name and Address of Current Registered Agent  Zip  Name and Address of New Registered	\$8.75 A Fee Rec \$5.00 I Added to	t Applicable additional quired	
Suite, Apt. #, etc.  22  City & State  City & State  Zip  Country  Zip  Agent  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Agent  Zip  Country  Zip  Agent  Agent  Zip  Agent  Ag	\$8.75 A Fee Rec \$5.00 ( Added to	Additional quired	
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27 City & State Country Cip Cou	\$5.00 ( Added to	<u></u>	
23 28 Trust Fund Contribution  Zip Country Zip Country 8. This corporation owes the current year in the contribution 2. The country 2. The composition of the current year in the current	Added to	May Re	
Zip Country Zip Country 8. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Intangible	way be	
Zip Country Zip Country 8. This corporation owes the current year in Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered		o Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered		v. This corporation out of the fact that year the year that year the year that year the year that year the year thad year the year that year the year that year the year that year	
Name and Address of Current Registered Agent     10. Name and Address of New Registered	√ ∐ Yes	□No	
DA   11	d Agent		
81 Name		ļ	
ON-LINE CONCEPTS, INC.  82 Street Address (P.O. Box Number is Not Acceptable)	92 Charat Address (D.O. Boy Mumboy is Not Assertable)		
4801 SOUTH UNIVERSITY DRIVE		1	
SUITE 219 83			
DAVIE FL 33328			
84 City	85 Zip C	code	
		registered	
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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ointment as rec	jistered	
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 reinstantly)	AND DIDECTO	DC IN 12	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
	☐ Gridinge	[_]radiion	
NAME FISHMAN, GREG 1.2 NAME			
STREET ADDRESS 21346 ST. ANDREWS BLVD. SUITE 305 1.3 STREET ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33433 14 CITY-ST-ZIP			
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CITY-ST-ZIP 2.4 CITY-ST-ZIP			
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3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	Change	☐ Addition	

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 cath; 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: