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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Coordon of State

Secretary of State
DIVISION OF CORPORATIONS

· · · · · · · · · · · · · · · · · · ·										
DOCUMENT # P9800050782 1. Corporation Name PAPILLON SOUTH TATTOOZ INC.										
		11 25 - Add					11 11 11 11 11 11 11 11			
Principal Place of Business Mailing Address						•				
1283 E. BLUE HERON BLVD. 1283 E. BLUE HERON BLVD. RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404						DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qui	alifed			
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number	~			lied For
21		26			6	5-084409	16		Not	Applicable
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc. 27				5.	. Certifcate of Status Des	ired 🗆	-	.75 Ad	dditional quired
City & State	ty & State City & State				6	Election Campaign Fina Trust Fund Contribution	ncing		5.00 N dded to	
Zip	Country	Zip	Country		8	This corporation owes the	ne current year l	ntangible		
24	25	29 30]			Personal Property Tax.		☐ Ye	ıs (□No
1	9. Name and Address of Current	Registered Agent			10	, Name and Address of	New Registere	d Agent		
			81	Name		•	,			
FREEMAN, BILLY W				Street	Address (P.O. Box Number is Not A	cceptable)			
1283 E. BLUE HERON BLVD.				0001	(·				
RIVIE	ERA BEACH FL 33404		83							
				City			F	85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes,	the above	-named	corporatio	on submits this statement	for the numose	of chang	ing its r	egistered
oπice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	ine corpe	Jiauons u		accept the app	0.110710110	uu 109	.0.0.02
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	t signature re	equired when	reinstating)	DATE			
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGES	O OFFICERS	AND DIR	ECTO	RS IN 12
TITLE	PVST	☐ DELETE 1.11			,	7			hange	☐ Addition
NAME	FREEMAN, BILLY W		1.2 NAME						-	•
STREET ADDRESS	1283 E. BLUE HERON BLVD.		1.3 STREET	ADDRESS			=			
CITY-ST-ZIP				1.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE						hange	Addition Addition
NAME	REEMAN, BILLY W	MAN. BILLY W		2.2 NAME		,				
STREET ADDRESS	1283 E. BLUE HERON BLVD.		2.3 STREET	ADDRESS		•				
CITY-ST-ZIP	RIVIERA BEACH FL 33404		2. 4 CITY-S	T-ZIP						
VI. 1-01-EII				_						

□ DELETE 3.1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME ; NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: BULLE WIT ACCUMENT BILLY WIFFEEMAN

3/1/99

845 9079 Daytime Phone # 'KZEU34 (11/30)