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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800057589 v

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90236 017 ***150.00

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ii conportation	, , , , , , , , , , , , , , , , , , ,		53/599 - 9023	6-17 9	
F	mo SOLUTIONS INC.				_
Principal Place	ce of Business Mailing Address		_		
7 Tillepart lac	oc of Educations				
			DO NOT WRITE IN THIS	SPACE	
Į.			3. Date Incorporated or Qualifed		
L			3. Date Incorporated or Qualified SUNE 29, 1998 4. FEI Number		
2. Principal P	Place of Business 2a. Mailing Address	100=111 =0	4. FEI Number	Applied For	
21 / 3 /	76 MARSE/LLES 26 /3776 M #, etc. CT Suite, Apt. #, etc.	HISEILES	59-3519051	Not Applicab	oie
			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ARWATER FL 27 City & State		6 Floation Compaign Financing		
23		DAR. FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	Ì
Zip	Country Zip 23 24 24 C LEAR WA	Country	8. This corporation owes the current year In:		
	762 25 PINELIS 29 33762 3	O PINEZLAS	Personal Property Tax.	Yes ANO	
1-11 -	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
	1	81 Name	ID R SCHINDLES	2	
1 Am	ERILAWYER 3 ALMERIA AVENUE	82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
(311)	AIMERIA AVENUE	137	ess (P.O. Box Number is Not Acceptable)	T	
		83			
COR	LAL GABLES, FL 33134	84 City		85 Zip Code	
İ	,		PRWATER_ FL	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
office or	t to the provisions of Sections 607.0502 and 607.1508, Florida Statutes registered agent, or both, in the State of Florida. Such change was auti	horized by the cornoratio	pration submits this statement for the purpose of In a board of directors. I hereby accept the appoi	i changing its registered intment as registered	d
agent. I a	an temiliar with, and accept the oligations of, Section 607.0505, Florid	la Statutés.	ul a. h		1
SIGNATURE	David & Schooller		7 30/4	7	
12	Signature, typed or printed name of fegistered agent and title if applicable (NOTE: R	egistered Agent signature required		ND DIRECTORS IN 12	
12	Signature, typed or printed name of fegistered agent and title if applicable (NOTE: R		when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 ☐ Change ☐ Addit	$\overline{}$
12	Signature, typed or printed name of fegistered agent and title if applicable (NOTE: R	13.			$\overline{}$
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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 suppliemental 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:

David Kahmidha

4/30/99

(72) 572-6301