

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90099 030 \*\*\*150.00

DOCUMENT # P98000059377

1. Corporation Name  
GET BIT, INC.



Principal Place of Business  
210 KNOLLWOOD DRIVE  
KEY BISCAVNE FL 33149

Mailing Address  
210 KNOLLWOOD DRIVE  
KEY BISCAVNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1998

4. FEI Number

65-0847510

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 230 Greenwood Drive

Suite, Apt. #, etc.

22

City & State

23 Key Biscayne, FL

Zip

24 33149

Country

25 U.S.A.

2a. Mailing Address

26 230 Greenwood Drive

Suite, Apt. #, etc.

27

City & State

28 Key Biscayne, FL

Zip

29 33149

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CRABILL, WILLIAM E  
210 KNOLLWOOD DRIVE  
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent

81 Name  
CRABILL, WILLIAM E.

82 Street Address (P.O. Box Number is Not Acceptable)  
230 Greenwood Drive

83

84 City  
Key Biscayne, FL

85 Zip Code  
33149

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.

(NOT Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME  
CRABILL, WILLIAM E  
STREET ADDRESS  
210 KNOLLWOOD DRIVE  
CITY-ST-ZIP  
KEY BISCAVNE FL 33149

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
CRABILL, WILLIAM E.  
1.3 STREET ADDRESS  
230 GREENWOOD DRIVE  
1.4 CITY-ST-ZIP  
KEY BISCAVNE, FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4-26-99

Date

(305) 365-0285

Daytime Phone #

CR2E034 (11/98)

0020958