

04301999-90046-034-\$150.00-\$150.00

1999.

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000064766

 1. Corporation Name
A RASTAMON, INC.

99 OCT 18 AM 8:30

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 04/30/99 90046/034 \$150.00
DO NOT WRITE IN THIS SPACE

 Principal Place of Business
4175 N.W. 4TH CT.
DEERFIELD BEACH FL 33442

 Mailing Address
4175 N.W. 4TH CT.
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

65-0853403

 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.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

 GOMEZ, JODI M
4175 N.W. 4TH CT.
DEERFIELD BEACH FL 33442

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-STATE-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-STATE-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-STATE-ZIP

1.21 TITLE

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1.35 STREET ADDRESS

1.36 CITY-STATE-ZIP

1.37 TITLE

1.38 NAME

1.39 STREET ADDRESS

1.40 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-STATE-ZIP

1.9 TITLE

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1.35 STREET ADDRESS

1.36 CITY-STATE-ZIP

1.37 TITLE

1.38 NAME

1.39 STREET ADDRESS

1.40 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-99

Date

Daytime Phone #

CR2E034 (5/99)