**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000065670**

1. Corporation Name

INCOME SOLUTIONS, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90041 014 \*\*\*150.00



i moipai i lao	e of Business	Mailing Address						
673 NORTHSHO	ORE DR	PO BOX 4344						
DEERFIELD BE		DEERFIELD BEACH FL 33442-4344						
						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualifed		
						07/24/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo	or	
21		26			_	65-085/08./ Not Applic	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Addition	al Ì	
22		27				5. Certificate of Status Desired  Fee Required		
City & State		City & State				6. Election Campaign Financing S5.00 May Be	,	
23	_	28				Trust Fund Contribution Added to Fees	]	
Zip	Country	Zip	Coun	itrv		8. This corporation owes the current year Intangible		
	25		<b>-</b>			Personal Property Tax. Yes No	- [	
24			<del>30</del> 1			10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	III Registered Agent	<del>.                                    </del>	81	Name	IV. Italia and realisas of the transfer of		
¥D∩	WN, MARSHA				1441110			
				82	Street Address (P.O. Box Number is Not Acceptable)			
	NORTHSHORE DR		L					
DEE	RFIELD BEACH FL 33442		}	83			- 1	
				84	City	85 Zip Code		
	-				•	FL   T	ĺ	
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the ab	ove-r	named co	corporation submits this statement for the purpose of changing its register	red	
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	eof Florida. Such change was au	ithorizea	DV th	ne corpor	ration's board of directors. I hereby accept the appointment as registered	'	
SIGNATURE	•						_	
CICIONE	Signature, typed or printed name of registered ago		Registered /	Agent s	signature req	quired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	Í .	☐ DELETE	1.1 1111	LE			ddition	
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14. 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:

CITY-ST-ZIP