FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000067028

1. Corporation Name

ATTAINMENT, INC.

2. Principal Place of Business D

Fit. Stefaerce, FL

Principal Place of Business

1107 DELAWARE AVE. FORT PIERCE FL 34947

Suite, Apt. #, etc.

Zi34950

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Mailing Address

1107 DELAWARE AVE. FORT PIERCE FL 34947

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

FILED Mar 03, 1999 8:00 am **Secretary of State**

03-03-1999 90111 028 ***150.00



	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed						
	07/23/1998						
	4. FEI Number 65 - 0859636		Applied For				
			Not Applicable				
	5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
	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				
	10. Name and Address of New F	legiste	red Agent				

MCKINNON, MICHAEL L ESQUIRE 1107 DELAWARE AVE. FORT PIERCE FL 34947

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82	Street Address (P.O. Box Number is Not Acceptable	le)		- :
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 607.0505, Florida Statutes.

Country

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SIGNATURE	ANATE.		d when exicately as	ATE	ì
		Registered Agent signature required	ADDITIONS/CHANGES TO OFFICE		28 INI 12
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	PSD DELETE	1.1 TITLE		☐ Change	Addition
NAME	BRIGGS, DEXTER G	1.2 NAME			
STREET ADDRESS	307 N. 22ND STREET	1.3 STREET ADDRESS			į
CITY-ST-ZIP	FT. PIERCE FL 34947	1.4 CITY-ST-ZiP			
TITLE	VPTD DELETE	2.1 TITLE		Change	☐ Addition
NAME	BRIGGS, WILLIAM G	2.2 NAME			
STREET ADDRESS	307 N. 22ND STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL 34947	2, 4 CITY-ST-ZIP		• •	
TITLE	☐ DELETE	3.1 TITLE		Change	Addition
NAME		3.2 NAME			ļ
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			l
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME	•	-	
STREET ADDRESS		5.3 STREET ADDRESS			[
CITY-ST-ZIP		54 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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 an attachment with an address, with all other like empowered.

SIGNATURE: