

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 May 13, 1999 8:00 am Secretary of State

05-13-1999 90043 022 ***150.00

DOCUMENT #

1. Corporation Name

993, Inc. P98000070445

Principal Place of Business

Mailing Address

2200 South Ocean Lane Penthouse #3 Fort Lauderdale, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 8-10-98

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 9712 Laverne Lane Suite, Apt #, etc.

4. FEI Number

650855590

Applied For Not Applicable

22 City & State

27 City & State Knoxville, TN

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip 37922

Country USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29 37922

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David Glassberg 1570 Madruga Avenue Suite 211 Coral Gables, FL 33146

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 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition.

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] President SCOTT A. DOUGHERTY 4-16-99 423-691-3362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)