


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**  
07-15-1999 90006 019 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000070781**  
1. Corporation Name  
**XS HOLDINGS, INCORPORATED**

Principal Place of Business  
**3535 LA PALOMA AVE.  
SARASOTA FL 34242**

Mailing Address  
**3535 LA PALOMA AVE.  
SARASOTA FL 34242**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/10/1998**

4. FEI Number  
**65-0854990**

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

2. Principal Place of Business  
21 **23120A Sandalfoot**  
Suite, Apt. #, etc.  
22 **Plaza Drive**  
City & State  
23 **Boca Raton FL**  
Zip  
24 **33428** Country  
25 **USA**  
2a. Mailing Address  
26 **23120 Sandalfoot**  
Suite, Apt. #, etc.  
27 **Plaza Dr**  
City & State  
28 **Boca Raton, FL**  
Zip  
29 **33428** Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**CORCORAN, JANE  
3535 LA PALOMA AVE.  
SARASOTA FL 34242**

10. Name and Address of New Registered Agent  
81 Name **Corcoran, Jane**  
82 Street Address (P.O. Box Number is Not Acceptable) **23120A Sandalfoot Plaza Dr.**  
83  
84 City **Boca Raton, FL** 85 Zip Code **33428**

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 *Jane Corcoran* **president** DATE **7-6-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>president</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Jane Corcoran</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>23120A Sandalfoot Plaza Dr Boca Raton, FL 33428</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Jane Corcoran* **president** DATE **7-6-99**

CR2E034 (5/99)

588685-9006-19  
P980000 70781

**XS HOLDINGS, INCORPORATED**

23120A Sandalfoot Plaza Drive  
Boca Raton, FL 33428

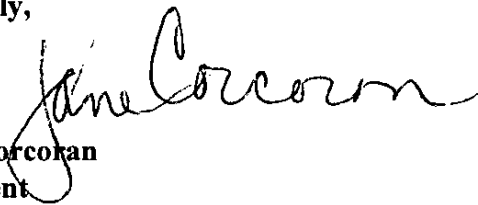
941-346-8051  
FAX: 941-346-8203

**To Florida Department of State:**

**Persuant to our telephone conversation, we are enclosing a check in the amount of \$150.00 in full payment of our 1999 profit corporation annual report. This letter shall serve as certification that XS Holdings, Incorporated did not receive its profit corporation annual report because the report was mailed to our old address. The present address, as noted on the above letterhead, is also reflected on the annual report.**

**Again, we sincerely appreciate your thoughtful consideration in this matter.**

**Sincerely,**



**Jane Corcoran**  
**President**