

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  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90016 023 \*\*\*150.00

DOCUMENT # P98000074162

1. Corporation Name

CUSP ASTROLOGY & ZODIAC, INC.



Principal Place of Business  
6334 FOSTER STREET, STE. 100  
PALM BEACH GARDENS FL 33418

Mailing Address

~~6334 FOSTER STREET, STE. 100~~  
~~PALM BEACH GARDENS FL 33418~~  
13205 U.S. Hwy. ONE, Box 506  
Juno Beach, FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

2. Principal Place of Business

2a. Mailing Address

13205 U.S. Hwy. ONE

4. FEI Number

☒ Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box 506

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

Juno Beach, Florida

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

33408

U.S.A.

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

ROBBINS, STEVEN L  
6334 FOSTER STREET, STE. 100  
PALM BEACH GARDENS FL 33418

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS ROBBINS, STEVEN L  
CITY-ST-ZIP 6334 FOSTER STREET, STE. 100  
PALM BEACH GARDENS FL 33418

1.1 TITLE VP, Treasurer ☐ Change ☒ Addition  
1.2 NAME Steven L. Robbins  
1.3 STREET ADDRESS 6334 Foster St., Ste 100  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE D, P, Sect. ☐ Change ☒ Addition  
2.2 NAME James Fantin  
2.3 STREET ADDRESS 13205 U.S. Hwy. ONE, Box 506  
2.4 CITY-ST-ZIP Juno Beach, FL 33408

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Robbins 3/31/99 373-5865

Date

Daytime Phone #

CR2E034 (11/98)