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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000074162

CUSP ASTROLOGY & ZODIAC, INC.

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90016 023 ***150.00

make almost Discour					tit Aflat likta attra tias taat
Principal Place of Business		Mailing Address			
6334 FOSTER STREET, STE. 100		- 6394 FOSTER STREET, STE.			
PALM BEACH GARDENS FL 33418		PALM BEAGH BARDENS FL	33416 A.S	. 506 DO NOT WRITE IN THIS S	PACE
		13205 U.S. H	wy. 010 -, 1521	3. Date Incorporated or Qualifed	
		Juno Beach, 71.	33400	08/24/1998	_
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 13205 U.	S. Hwy. OA	ve	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #,.etc	— 		\$8.75-Additional
22		27 Box 506		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28 Juno Beach, Florida		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intar	ngible
24	25	29 33408	50 U-J. A	Personal Property Tax.	□Yes ⊡No
-	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
ROBBINS, STEVEN L			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
6334 FOSTER STREET, STE. 100			- -		
PALI	W BEACH GARDENS FL 33418		83		
			84 City		85 Zip Code
			84 City	FL	65 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of cl	hanging its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was au	thorized by the corp	oration's board of directors. I hereby accept the appoint	ment as registered
] .	m rammar with and accept the congain				j
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND VF, TREASULER STEVEN L. Robbins 6334 Toster ST., STE 100	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	VP TREASURER	☐ Change
NAME !	ROBBINS, STEVEN L		1.2 NAME	STEVEN L. KOBSINSTE 100	
STREET ADDRESS	6334 FOSTER STREET, STE. 10	ß	1.3 STREET ADDRESS	6234 40574 311	1
C(TY-ST-Z)P	Palm Beach Gardens FL 334			المناحة	
TITLE	I ADM DO TOTT OF THE TOTT OF	18	1,4 CITY+ST-ZIP	PALM Batch Graden, 74 334	118
	TABIL DE TOTT OF THE TOTT		li .	PALM Beach Grace, 76 334	1 1 P
NAME	TABIN DESCRIPTION TO SERVICE TO S	18	1,4 CITY-ST-ZIP	PALM Batch Gonden, the 53.	Change Addition
NAME STREET ADORESS	TADIN DENOTING TERMS	18	1.4 CITY-\$T-ZIP 2.1 TITLE	PALM Batch GARden, the 55. D, P, Sect. JAMES FANTIN 13205 U.S. HNY. ONE, BON 50	Change Addition
		18	1.4 CITY-\$T-ZIP 2.1 TITLE 2.2 NAME	PALM (Seach GANDEN, TL 55. D, P, Sect. JAMES FANTIN	☐ Change ☐ Addition
STREET ADORESS	- 72	18	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	PALM Batch GARden, the 55. D, P, Sect. JAMES FANTIN 13205 U.S. HNY. ONE, BON 50	Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE		.18 ☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	PALM Batch GARden, the 55. D, P, Sect. JAMES FANTIN 13205 U.S. HNY. ONE, BON 50	☐ Change ☐ Addition
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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:

STEVEN L. Robbins

(561)