02161999-90018-022-\$150.00-\$150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Karris ----

Secretary of State

## **FILED** Feb 16, 1999 8:00 am Secretary of State 02-16-1999 90018 022 \*\*\*150.00

L	1999		URPORATIONS	_		
DOCUMENT # P98000076243  1. Corporation Name EASY O.Z. BAIL BONDS, INC.						
		1 A . 117			<b>                                </b>	ill.
Principal Place	of Business	Mailing Address				
500 N.W. 15TH POMPANO BEA		500 N.W. 15TH STREET POMPANO BEACH FL 33060	•	DO NOT WRITE IN TH	IIS SPACE .	
				3. Date Incorporated or Qualified 08/28/1998		
2. Principal Pl	face of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0862052	Not Applica	٠.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions Fee Required	'   '
City & State		- City & State		8. Election Campaign Financing —	\$5.00 May Be	
23	-	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		- 1
24	25		30	Personal Property Tax.	ØVes □No	<u>∸</u>
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	M Agent .s.	
SMA	ll, osbert g	•				
	N.W. 15TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		`4
	PANO BEACH FL 33060		83	of the state with the state of	等的。 第一章	<del>.</del>
	•••			74.7	85 Zip Code	
			84 City	F	L   `   `	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named con	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered	ĸ
office or n	egistered agent, or both, in the State : m familiar with, and accept the obliga	of Florida, Such change was aut tions of, Section 607,0505, Florid	tnonzed by the corporati da Statutes.	on a goard of directors. Thereby accept the app	ONICHAM EN ICENTION	}
SIGNATURE						
	Signature, typed or printed name of registered agen		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	<u>,</u> ⊣ ଛି
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE	ADDITIONS CITATION TO CITADENS	Change Ade	ilion =
TITLE	SMALL, OSBERT G		12 NAME			
STREET ADDRESS 500 N.W. 15TH STREET					🕱	
CITY-ST-ZIP	POMPANO BEACH FL 33060		1			E034 (
			1.3 STREET ADDRESS			R2E034 (
TILE	TOWN AND DESCRIPTE GOOD	☐ DELETE	1.3 STREET ADDRESS		Change Adv	ORZE034 (11/98)
NAME	TOWN AND BENOTITE GOODS	☐ DELETE	1.3 STREET ADDRESS 1.4 City-St-ZiP		Change Add	SE CR2E034 (
į l	TOWN AND MENON!	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change □ Adv	CR2E034 (
NAME	TOWN AND DESCRIPTE GOODS		13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP			
NAME STREET ADDRESS	TOTAL DESCRIPTION	☐ DELETE	13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE		☐ Change ☐ Add	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TOTAL PROPERTY CONTRACTOR		13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME			
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I hereby certify that the information supplied with linis fluing does not qualify for the exemption student in Security 13.07.01, Follida Statutes, 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 or an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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