


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90007 039 ***550.00



| | | | |
|---|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000081290 | | | |
| 1. Corporation Name SUCCESS PROCESS, INC. | | | |
| Principal Place of Business 19521 S.W. 129TH COURT MIAMI FL 33177 | | Mailing Address 19521 S.W. 129TH COURT MIAMI FL 33177 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | | 29 | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| SANTIAGO, MARCIA 19521 S.W. 129TH COURT MIAMI FL 33177 | | 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 | | DATE | |
| 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANTIAGO, MARCIA | 1.2 NAME | |
| STREET ADDRESS | 19521 S.W. 129TH COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOWRY, JENNIFER | 2.2 NAME | |
| STREET ADDRESS | 10810 S.W. 84TH STREET, UNIT B-6 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33173 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVA, STEVE | 3.2 NAME | |
| STREET ADDRESS | 19521 S.W. 129TH COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEE, GEORGE | 4.2 NAME | |
| STREET ADDRESS | 10810 S.W. 84TH STREET, UNIT B-6 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33173 | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

Daytime Phone #

(305) 259-7931

CR2E034 (11/98)