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

DOCUMENT # P98000085662

1. Corporation Name

LOST TIME, INC.

Mailing Address Principal Place of Business

1500 SOUTH OCEAN BLVD. #306 POMPANO BEACH FL 33062

1500 SOUTH OCEAN BLVD. #306 POMPANO BEACH FL 33062

May 17, 1999 8:00 am Secretary of State

05-17-1999 90016 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

City & State 28 City & State 29 Country Zip Country 10. Name and Address of New Registered Agent Zip Zip Zip Zip Zip Zip Zip Zi						10/05/1998		
Sulte, Apt. #, etc. 27 City & State 28 Zip Country 28 Zip Country 29 30 Sulte, Apt. #, etc. 29 Support 29 30 Sulte, Apt. #, etc. 29 Support 20 Support	2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI Number	App	lied For
Sulle, Apt. #, etc. Sulle, Apt. #, etc.	21		26			65-6871410		
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	*	
Zip	City & State City & State						4	
30 Personal Property Tax. ves No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TSERKEZIS, MICHAEL 1500 SOUTH OCEAN BLVD, #306 POMPANO BEACH FL 33062 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sactions 807.0602 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the objective of special statutes. 11. Pursuant to the provisions of Sactions 807.0602 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered office or registered agent, and accept the appointment as registered agent, and accept the appointment agent and		0 -1		Country				
9. Name and Address of Current Registered Agent TSERKEZIS, MICHAEL 1500 SOUTH OCEAN BLVD, \$306 POMPANO BEACH FL 33062 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, and accept the obligations of Section 607.0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE D D D D D D D D D D D D D D D D D D D	·			<i>'</i>		1		□No
TSERKEZIS, MICHAEL 1500 SOUTH OCEAN BLVD, #306 POMPANO BEACH FL 33062 14 City 15 City 16 City 16 City 17 City 18 C	<u> </u>							
1500 SOUTH OCEAN BLVD, #306 POMPANO BEACH FL 33062 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 507.0502 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, and accept the obligations of, Section 607, Secti		5. Name and Address of Carren		81 /	Name			
POMPANO BEACH FL 33062 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 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, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature Provision of printed name of registered agent and site if printed to the provision's board of directors. I hereby accept the appointment as registered agent ag	1500 SOUTH OCEAN BLVD, #306				An Charles (D.O. Pay Number is Not Accordable)			
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 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, agent					Street Address (P.O. Box Number is Not Acceptable)			
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 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, and adenote the provisions of Section 607.0505, Florida Statutes. SIGNATURE								
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 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, and adenote the provisions of Section 607.0505, Florida Statutes. SIGNATURE							195 7in C	`ada
agent I am familiar with, and accept the obligations of, Section 607 g056, Florida Statistutes. SIGNATURE Marriage West and State of Florida Statistutes. International Statistutes. I				84 (City	F	L 85 Zip C	ode
agent I am familiar with, and accept the obligations of, Section 607 g056, Florida Statistutes. SIGNATURE Marriage West and State of Florida Statistutes. International Statistutes. I	11 Qureuant	to the provisions of Sections 607 050	22 and 607.1508. Florida Statute	s. the above-r	named corpo	oration submits this statement for the purpose	of changing its	registered
agent, I am familiar with, and accept the obligations of, Section but 1000, Floring Statutes. SIGNATURE	Affina ar r	agictored agent or both in the State	or Fiorina, Such change was au	JUNIJUZEU DV UR	e corporatio	n's board of directors. I hereby accept the app	pointment as reg	gistered
Signature Sign	agent. I a	m familiar with, and accept the obliga						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME TSERKEZIS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP Addit Addit Change Addit Addit Addit Change Addit Addi	SIGNATURE	Stood of printed parts of positived age		Registered Agent s	gnature required	I when reinstating) DATE		
TITLE NAME TSERKEZIS, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE SECVEBULY TVEUS UVEY T/5 Change Addit Addit	12.						AND DIRECTO	RS IN 12
14 CITY-ST-ZIP				1.1 TITLE	50	circlany Theasurer T/5	☐ Change	☐ Addition
14 CITY-ST-ZIP		TSFRKEZIS, MICHAEL		1.2 NAME	a	ma Tserkezis,	/	
14 CITY-ST-ZIP	-		306	13 STREET AL	DORESS IS	soo South Ocean Blod 7 20	0	
DELETE				1.4 CITY-ST-Z	OP D	mpano Beach Fl 330	62	
NAME STREET ADDRESS CITY- ST-ZIP DELETE 3.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP 3.2 NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP Addit ADRESS CITY- ST-ZIP		1 0111 1110 0010111 0 00000	☐ DELETE				Change	Addition
STREET ADDRESS 2.3 STREET ADDRESS CITY- ST-ZIP 2.4 CITY- ST-ZIP TITLE DELETE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY- ST-ZIP 3.4 CITY- ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP				2.2 NAME				
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change Addit NAME 32 NAME 32 NAME STREET ADDRESS 33.5 TREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addit NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	-			2.3 STREET AL	DORESS			
DELETE DELETE 3.1 TITLE Change Addit Addit				2. 4 CITY-ST-2	ZIP		_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	_		☐ DELETE		-		☐ Change	☐ Addition
STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP				32 NAME				
34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Addi				3.3 STREET A	DDRESS			
DELETE				3.4. CITY-ST-2	ZiP			
NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP			☐ DELETE	_			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4. 2 NAME				
CITY-ST-ZIP 4.4 CITY-ST-ZIP	· · · -			4.3 STREET AL	DDRESS			
				1	Y			
TITLE DELETE 5.1 TITLE Change Adol			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME 52 NAME				5.2 NAME				
STREET ADDRESS 5.3 STREET ADDRESS	_			5.3 STREET A	DDRESS			
CITY_ST-ZIP 54 CITY_ST-ZIP				5.4 CITY-ST-2	ZiP			
TITLE DELETE 6.1 TITLE Change Addition Additi			☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME 6.2 NAME				6.2 NAME				
STREET ADDRESS 6.3 STREET ADDRESS				6.3 STREET A	DORESS			
CITY-ST-ZIP 8.4 CITY-ST-ZIP	STREET ADDRESS	1		CACTV ST	7\P			

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: