

1999.

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000087485			
1. Corporation Name FACT FINDERS INC.			
Principal Place of Business 12295 FOREST GREEN BOYNTON BEACH FL 33437		Mailing Address 12295 FOREST GREEN BOYNTON BEACH FL 33437	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 12295 FOREST GREEN		3. Date Incorporated or Qualified 10/12/1998	
2a. Mailing Address 22 Suite, Apt. #, etc.		4. FEI Number 165-0869695	
23 City & State BOYNTON BEACH, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 33437		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country USA		7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No	
26 33437		27 BEACH	
28 BOYNTON BEACH, FL		29 33437	
30 PALM BCH			
9. Name and Address of Current Registered Agent BENNETT, JOY 12295 FOREST GREEN BOYNTON BEACH FL 33437		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
11. Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.			
SIGNATURE JOY BENNETT - JOY BENNETT		DATE 7-8-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT		1.1 TITLE	
NAME JOY BENNETT		1.2 NAME	
STREET ADDRESS 12295 FOREST GREEN		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL 33437		1.4 CITY-ST-ZIP	
TITLE VICE-PRESIDENT		2.1 TITLE	
NAME PAT GIBARD		2.2 NAME	
STREET ADDRESS 12295 FOREST GREEN		2.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP	
TITLE DELETED		3.1 TITLE	
NAME DELETED		3.2 NAME	
STREET ADDRESS DELETED		3.3 STREET ADDRESS	
CITY-ST-ZIP DELETED		3.4 CITY-ST-ZIP	
TITLE DELETED		4.1 TITLE	
NAME DELETED		4.2 NAME	
STREET ADDRESS DELETED		4.3 STREET ADDRESS	
CITY-ST-ZIP DELETED		4.4 CITY-ST-ZIP	
TITLE DELETED		5.1 TITLE	
NAME DELETED		5.2 NAME	
STREET ADDRESS DELETED		5.3 STREET ADDRESS	
CITY-ST-ZIP DELETED		5.4 CITY-ST-ZIP	
TITLE DELETED		6.1 TITLE	
NAME DELETED		6.2 NAME	
STREET ADDRESS DELETED		6.3 STREET ADDRESS	
CITY-ST-ZIP DELETED		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.			
SIGNATURE: JOY BENNETT - JOY BENNETT		DATE: 7-8-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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