## 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 # P98000088605

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90151 065 \*\*\*150.00 04-14-1999 90151 066 \*\*\*\*\*8.75

1. Corporation NOT SO	STUPID, INC.	5000	45 .	e .							
		8.421	C - Address				-  10031881   0 1810  10(1) 001   001			10191 01H 1001	
Principal Place of Business Mailing Address											
2639 NORTHEAST 26TH COURT 2639 NORTHEAST 26TH COURT FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306											
PORT LAUDERL	JALE PL 33300	1011	I ENODERDALL IE 30	300			DO NOT WRIT	E IN THIS	SPACE		
							3. Date Incorporated or Qualifed				
1							10/15/1998				
Principal Place of Business     2a. Mailing Address						,	4. FEI Number		<b>√</b> A	oplied For	
21 26						65-0901483	)		ot Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\</b>		Additional equired		
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23	<del>-</del>	28	Only a Glaid				Trust Fund Contribution			to Fees	
Zip	Country		Zip	Cour	ntry		This corporation owes the curre	nt vear Inta	angible		=
24	25	29	•	30			Personal Property Tax.		ŬYes	₩No	]
24;	9. Name and Address of Curre		ered Agent				10. Name and Address of New R	egistered /	Agent		
				,	81 N	lame					
	PORATION SERVICE COMPAN	Y		-	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Accepta	ble)			1
	I HAYS STREET				<b>-</b>	A COULT TOOLS					
TALL	AHASSEE FL 32301-2525			Ţ	83						
				}	84 C	ity		<del></del>	85 Zip	Code	┨
						•		_FŁ			
11. Pursuant	to the provisions of Sections 607.05	502 and 60	7.1508, Florida Statul	tes, the ab	ove-na	amed corpo	oration submits this statement for the n's board of directors. I hereby accep	purpose of	changing its	s registered	_
office or r	egistered agent, or both, in the State	e of Florida	a. Such change was a	autnonzea	by the	corporation	n's board of directors, I hereby accep	t tile appoil	itilionit as it	-gisioi o u	
( agent. I a	ım tamıllar with, and accept the oblig	gations of, 3	Section 607.0505, Flo	orida Statu	tes.						
J +	m tamiliar with, and accept the oblig	gations of, a	Section 607.0505, Flo	orida Statu	tes.						
agent. I a	Signature, typed or printed name of registered ag	gent and title if a	applicable. (NOTE				when reinstating)	DATE			ِ ۋ
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if a	applicable. (NOTE	Registered /	Agent sign			DATE	D DIRECTO	ORS IN 12	000
SIGNATURE	Signature, typed or printed name of registered eg OFFICERS A	gent and title if a	applicable. (NOTE	13.	Agent sign  .E		when reinstating)	DATE			100,777
SIGNATURE	Signature, typed or printed name of registered eg OFFICERS A P GONSALVES, RONALD	gent and title if a	applicable. (NOTE	13. 1.1 TIII 1.2 NAI	Agent sign LE ME	nature required	when reinstating)	DATE	D DIRECTO	ORS IN 12	00,117,700
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered eg OFFICERS A P GONSALVES, RONALD 2639 NORTHEAST 26TH COU	gent and title if a	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STR	Agent sign LE ME REET ADC	nature required	when reinstating)	DATE	D DIRECTO	ORS IN 12	00,777,70010
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered eg OFFICERS A P GONSALVES, RONALD	gent and title if a	applicable (NOTE	13. 1.1 TIII 1.2 NAI 1.3 STF	Agent sign LE ME REET ADC Y-ST-ZIP	nature required	when reinstating)	DATE	D DIRECTO ☐ Change	ORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ag OFFICERS A P GONSALVES, RONALD 2639 NORTHEAST 26TH COU FORT LAUDERDALE FL 33306 T	gent and title if a	applicable. (NOTE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent sign  LE  ME  REET ADD  Y-ST-ZIP  LE	nature required	when reinstating)	DATE	D DIRECTO	ORS IN 12	000000000000000000000000000000000000000
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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 of 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 any attack manning with an address, with all other like empowered.

SIGNATURE:

CICHATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

2/28/99

200-701-0444 Daytime Phone #