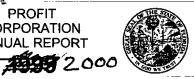
We never Received the 2000 Annual Report SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUN QUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088794

BYOLAT NOW INC.

FILED Jun 05, 2000 8:00 am Secretary of State

06-05-2000 90015 032 ***150.00

		£ 3.4 %	· · · · · · · · · · · · · · · · · · ·		
` •	ce of Business	Mailing Address		:	
i 900 NYV-33 CI BEA	CH EL DENEA	1900 NW 33 COURT #9 POMPANO BEACH FL 33064	_		·
2100 1	1. Powerline Rd. #6	{ 2100 N. Bwer	· line Rd. # E	DO NOT WE	RITE IN THIS SPACE
2100.	1. PowerlineRd. #6 or Beach FL 33069	Pompano Be	ach FL 3306	3. Date Incorporated or Qualifie 10/16/1998	ď
Z. FIIIICIDAII	lace of business	2a. Mailing Address		 	Applièd For
- 2100	N. Powerline Rd. 46	2a. Mailing Address 26 2 100 N. Pa	owerline Rd	65-089829	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	pano Beach, FL	City & State	each, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	069 Country	^{Zip} 33069 3	Country 0	This corporation owes the cull Intangible Personal Property.	rrent year X Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent
ICQL	JATU, MARY	*	81 Name	ICQUATU, MO	lay
	NW 33 COURT #9		82 Street Add	ress (P.O. Box Number is Not Accep	table)
POMPANO BEACH FL 33064			2100 N. Powerline Rd #6		
		,		pano Beach	
	_		84 City Po	npano Beach	FL 85 Zip Code 69
office or	t to the provisions of sections 607.0502 of registered agent, or both, in the State of am familiar with, and accept the obligations.	f Florida. Such change was aut	the above-named corporate horized by the corporate	pration submits this statement for the p	ourpose of changing its registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE		L DELETE	1.1 TITLE	·	
NAME			1.2 NAME		OR2F034
STREET ADDRESS			1.3 STREET ADDRESS		3
CITY-ST-ZIP TITLE			1.4 CITY-ST-ZIP		,, ,, ,
NAME		☐ DELETE	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS	i	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	1	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	-		3.2 NAME		Change
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	1	Change Addition
NAME			4.2 NAME	1	C Change C Addison
STREET ADDRESS			4.3 STREET ADDRESS	1	
::TY-ST-Z!P ::			4.4 CITY-ST-ZIP	era <u>la la la companya de la companya de la compa</u>	
TITLE		DELETE	5.1 TITLE		Change Addition

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

TITLE

NAME STREET ADDRESS

DELETE

Change Addition