**PROFIT** CORPORATION -ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000088822
1. Corporation Name	

SETTING UP INC.

## FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90033 018 \*\*\*150.00



OBTINUATION OF THE					<u>keni raki epik (ilik peki li)</u> 11. juli 11. juli 11. juli		
Principal Place of Business	Mailing Address			י פגון געפאנפטר ו	anan 12(11 2011) yassı düsti <b>2010</b>	il raver th <u>s</u> a) j <b>a</b> jj <b>a</b>	11A1A 11 <b>01 1301</b>
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05/4/02 - 2 55/5/	PLANTATION FL 3	33324			DO NOT WRITE IN THIS	SPACE	
				3. Date incorporate	ed or Qualified		
•				10/16/1998		<del></del>	<del></del>
2. Principal Place of Business	2a. Mailing Addre	933		4. FEI Number	0000	1 1	plied For
21	26			65-00	68210		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Sta	tus Desired	\$8.75	
	27				<del></del>	Fee Re	
City & State	City & State			6. Election Cempai	- 11	\$5.00	
23	28			Trust Fund Con		Added t	0 rees
Zip Country	<u></u> L Zip	_	Country		owes the current year tr		□No
24	[29]	30		Personal Proper			LIND
9, Name and Address of Curr	ent Registered Agent				ress of New Registered	Agent	
			81 Name	ı	•		
PEER, EITAN	-400		82 Street	Address (P.O. Box Number	is Not Acceptable)		_
4313 REFLECTION BLVD. NORTH							
SUNPISE FL 33351	·*- •**		83		<del></del>		_
			94 54		<del> </del>	85 Zip (	nde
			84 City	•	FI	_	
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent, I am familiar with and accept the obli	502 and 607.1508, Florid te of Florida. Such chang gations of, Section 607.0	da Statutes, the ge was authori 1505, Florida S	e above-named ized by the con Statutes.	corporation submits this state coration's board of directors.	tement for the purpose of the appointment for the purpose of the appointment of the appoi	of changing its pintment as re-	istered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent, I am familiar with, and accept the oblining SIGNATURE  Signature, typed or printed name of registered a	gers and tide if applicable.	(NOTE: Region	tered Agent signature	required when retretifying)	DATE		
SIGNATURE Signature, typed or printed name of registered a 12. OFFICERS	gent and little if appricable.  AND DIRECTORS	(NOTE: Region	tered Apent signature 13.	required when retretifying)	•	ND DIRECTO	RS IN 12
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report to use only accessor and that my signature shall have the sente legic effect as it made under out, that I gill at ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered. officer or director of the corporation of the received Block 12 or Block 13 if changes, or on an attached

SIGNATURE: