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 # P98000090161

1. Corporation Name

IT'S ABOUT TIME, INC.

FILED Apr 21, 1999 8:00 am Secretary of State

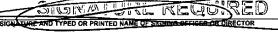
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	<u> </u>					
Principal Place of Business Mailing Address						
5800 HOLLYWOOD BLVD. 5800 HOLLYWOOD BLVD.						
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE		
	·					3. Date Incorporated or Qualifed
						10/22/1998
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
		W	e _	65 - 08 7.5 49 7 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi		
22		<u>.</u> جيد.	<u> </u>	Fee Required		
City & State City & State			- 1	6. Election Campaign Financing \$5.00 May Be		
23 HALLANDAL e			<u>- L.</u>	Trust Fund Contribution Added to Fees		
Zip	Country	Zip Coun			• _	8. This corporation owes the current year Intangible
24	25	29 33009 30	0 (ي ر). <u>A</u>	Personal Property Tax. Yes ZNo
	9. Name and Address of Current	Registered Agent		81	No.	10. Name and Address of New Registered Agent
. SAM	MARCO, VINCENT T	,		° '	Name	
	TAFT ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)
PEM	BROKE PINES FL 33024			83		
				84	City	FL 85 Zip Code
44 Durewant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	the al	nove-	named co	rnoration submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligation	of Florida. Such change was ลบนา	ıorızea	DV (he corpora	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	•				_	
	Signature, typed or printed name of registered agent	, ,	•	Agent	signature requi	ired when reinstating) DATE DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ONEM AN ANAM	☐ DELETE	1.1 TT			Change Drawnon
NAME	COHEN, SALOMON		1.2 NA			
STREET ADDRESS	16508 NE 26TH AVE., #301				ADDRESS	
C/TY-\$T-ZIP	N. MIAMI BCH FL 33160		_	TY-ST-	-ZiP	Change Addition
TITLE		□ nere is	2.1 TT			
NAME			2.2 N/			
STREET ADDRESS	<u>.</u> .		ľ		ADDRES\$	
CITY-ST-ZIP		Territoria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos		TY-ST	-ZIP	Change Addition
TITLE	· — · -	DELETE	3.1 111			
NAME			3.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			-	TY-ST	-ZIP	☐ Change ☐ Addition
TITLE		☐ DEFEIE	4.1 TI		Ì	
NAME			4. 2 N			
STREET ADDRESS	·				ADDRESS	·
CITY-ST-ZIP			_	TY-ST-	-219	☐ Change ☐ Addition
TITLE		□ DECE IE	5.1 TF 5.2 N/			
NAME			L		ADDRESS	
STREET ADDRESS				TY-ST-		
CITY-ST-ZIP		□ DELETE	5.4 CI		- 21	Change Addition
TITLE			6.2 NA			C Shalled C Addison
NAME	{				ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP			0.4 U	TY-ST	-217	

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:



4-19-99 (

(305)940-5043

Daytime Phone #