PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

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

04-14-1999 90052 025 ***150.00

<u> </u>	1999	DIVISION OF C	ORPORATIONS	_]	
DOCU 1. Corporatio	MENT # P980000	091147			
FLA FSBO.COM, INC.					
			•		
Principal Place	e of Business .	Mailing Address		7 CERKINEN IKA IAKAN IAKIN DANIN ODIN REDIN DANIN H	101 (1108) (184) 0101/ (08) (199)
,	EST 33RD STREET	4301 SOUTHWEST 33RD ST	REFT	1	
HOLLYWOOD F		HOLLYWOOD FL 33023		DO NOT WRITE IN THIS S	PACE
				3. Date incorporated or Qualified	
1				10/27/1998	
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number (18-71-24)	Applied For
21	and the same of th	26	·	65 00 11001	Not Applicable \$8.75 Additional
Suite, Apt.	#, elc.	Suite, Apt, #, etc.	•	5. Certificate of Status Desired	Fee Required
City & Stat	i e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	ngible
24	25		30	1 discribit topolity : mil	☐Yes -\$\frac{1}{2}\frac{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	gent
[instruction and a				in othy unccarthy	
HATHERIA ANERULA			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
COTTOL BARYES FLV33134			83		•
		•	84 City (85 Zip Code
ttp(olly moce FL	hanging its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
agent. I a			da Statutes.	5/10	199
SIGNATURE	Signature, typed or printed name of registered agent	and down applicable. (NOTE: I	Registered Agent signature required		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TIFLE	PSTD	☐ DELETE	1.1 TITLE		Design Dyposon 5
NAME	MCCARTHY, TIMOTHY P 4301 SOUTHWEST 33RD STREE	ar .	1.2 NAME 1.3 STREET ADDRESS		8
STREET ADDRESS	HOLLYWOOD FL 33023	-1	1.4 CITY-ST-ZIP		&
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition C
NAME	MCCARTHY, BENILMA C		22 NAME		
STREET ADDRESS	1	T	2.3 STREET ADDRESS	•• • • • • • • • • • • • • • • • • • • •	المنبط ب
CITY-ST-ZIP	HOLLYWOOD FL 33023	. DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME		. L. Dellie	3.1 MILE 3.2 NAME	•	
STREET ADDRESS	·		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.A. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	-		4.3 STREET ADORESS		
CTY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	,		5.3 STREET ADDRESS		İ
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
0.77	<u> </u>				CONTRACTOR CONTRACTOR
TITLE A	To the state of th	☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
	Mark to	☐ DELETE			☐ Change ☐ Addition .

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:

A SIGNATURE AND TYPES OR PRINTED NAME OF SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98 (54) 989 0161 Daytine Phone 8