


FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90214 077 ****61.25

04-27-1999 90214 078 ****88.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000093465 1. Corporation Name REJUV IT, INC. | | | | | |
| Principal Place of Business 7945 SW 11TH ST MIAMI FL 33144 | | | Mailing Address 7945 SW 11TH ST MIAMI FL 33144 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | |
| 3. Date Incorporated or Qualified 11/02/1998 | | | 4. FEI Number Number not issued Lost. | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | |
| 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 8. Additional Fee Required \$8.75 | | |
| 9. Name and Address of Current Registered Agent BILANCHONE, TODD 7945 SW 11TH ST MIAMI FL 33144 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| 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. | | | | | |
| SIGNATURE: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Todd Bilanchone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 (305) 267-3217
 Date Telephone

CR2E034 (11/98)