FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800093626

1. Corporation Name

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90067 034 ***150.00

ONTARG	GET GLOBAL INCORPORAT	ED			: *************************************
Principal Plac	e of Business	Mailing Address			
4102 N 501H A		4102 N 50TH AVE			
HOLLYWOOD F		HOLLYWOOD FL 33021-1617	7		
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
				-	11/02/1998
·	Place of Business	2a. Mailing Address			4. FEI Number 0876557 Acplied Fo
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢¬		5. Certificate of Status Desired See Required
22City.& Stat		City & State_			
23	·	28			6 Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	<u> </u>	30		Personal Property Tax.
	9. Name and Address of Curre		- 50 1		10. Name and Address of New Registered Agent
			81	Name	
JAC	OBS, HAROLD L		<u>_</u>	01	JACOE'S HAROLD I
4102 N 50TH AVE			82	Street	Fouress (P.O. Bit x Number is Not Acceptable)
HOL	LYWOOD FL 33021-1617		83		
			L-	<u> </u>	
			84	City	F-L 85 Zip Code
SIGNATURE	Signature, typed or printed r ame of registered ag	· · · · · · · · · · · · · · · · · · ·		nt signature re	re juired when reinstatin;) ADDIT ONS/CHANGES TO OFFICERS AND DIRECTC RS IN 1
12.		N D DIRECTORS ☐ DELETE	13.		PRESUPENT Change DA
TITLE	D NOODS HADOLD I	□ DEEF IE	1.2 NAME		JACOBS, HAROLD I
NAME	JACOBS, HAROLD L 4102 N 50TH AVE			T ADDRESS	1 4102 NO 50 AVE.
STREET ADDFESS	HOLLYWOOD FL 33021-1617		1.3 STREE		HOLLY WOOD, FL 33021-1617
CITY-ST-ZIP TITLE	HOLETWOOD Ft. 33021-1817		2.1 TITLE	1-214	Change Ac
NAME			2.2 NAME		
				T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-5	Į.	
TITLE		☐ DELETE	3.1.TITLE		Change - A
NAME		•	3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3.4. CITY-5		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ac
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY+ST-ZIP			4.4 CITY-S	T- ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ar
NAME			5.2 NAME	1	
STREET ADDF ESS			53 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☐ Ar
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	
CITY-ST-ZIP	1		6.4 CITY- S	T-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify or 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 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 or an attachment with an address, with all other like empowered

SIGNATURE:

SIGNA TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954'-962-8762 Daytime Phone #