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 # P98000094101

1. Corporation Name

INTELLINVEST, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90021 012 ***150.00



							MATTA BOUGHT 14	EM BIDAN IID	i masar isas isa i
Principal Place of Business Mailing Address						\			
	EST 77TH COURT	14750 NORTHWEST 77TH COURT				1			
SUITE 305 MIAMI LAKES FL 33016		SUITE 305 MIAMI LAKES FL 33016			DO NOT WRITE IN THIS SPACE				
MINIM DILLOTE SOOTS						3. Date Incorporated or Qualifed 11/06/1998			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	,	Α	pplied For
21		26				65-0875177	-	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc				5. Certifcate of Status Desired			Additional
22		27				5. Certificate of Status Desired	_J 	Fee F	tequired
City & State		City & State				6. Election Campaign Financing	_		May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the curren	•		57 v.
24	25	29 30				Personal Property Tax.		Yes	■No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	istereo A	igeni	
AME	RILAWYER								
	ALMERIA AVENUE				Street Ad	Address (P.O. Box Number is Not Acceptable)			
	AL GABLES FL 33134								
\	AE CABLES I E SO IOT		ļ	83					ļ
			Ì	84	City			85 Zip	Code
							FL	<u> </u>	
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 Signature, typed or pninled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE									
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PTD DELE		1 1 TIT	LE				Chang	e 🗌 Addition
NAME	BENCINI, HILARY		1.2 NA	ME	-				ľ
STREET ADORESS	14750 NORTHWEST 77TH COU	RT	13 ST	REET	ADDRESS				1
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CI	[Y-\$]	r-ZIP				
TritLE	SVD	DELETE	2171	ΓLE				Chang	e 🗌 Addition
NAME	KAMLER, GARY L		22 NA	WE					ļ
STREET ADORESS	14750 NORTHWEST 77TH COU	IRT	2357	REET	ADDRESS				i
C/TY-ST-Z/P	MIAMI LAKES FL 33016		2 4 0	ITY-S	T-21P				
TITLE		□ D€LETE	317	TLE				Chang	e 🗌 Addition
NAME			32 N	AME.					Ì
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				ļ
CITY-ST-ZIP			34 C	34 CITY-ST-ZIP					
TITLE		☐ DELETE	4 1 Ti	TLE	1			Chang	e 🗋 Addition '
NAME			4 2 N	AME	-				į
STREET ADDRESS	.JC		4351	TREE	TADORESS				
CITY-ST-ZIP			44 C	TY-\$	T-2IP				
TITLE		☐ DELETE	5171	TLE	[☐ Chang	e 🗌 Addition
NAME			52 N	AME					
STREET ADDRESS			538	(REE	TADORESS				
CITY-ST-ZIP	1		5.4 C	ITY-S	T-ZIP			.,	
TITLE		☐ DELETE	6 1 T	ITLE				Chang	ge Addition
NAME			62 N	ÁME	ļ				
STREET ADDRESS			638	TREE	T ADDRESS				
CITY-ST-ZIP	}		64C	TY-S	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 algorithm with an address, with all other like empowered.

SIGNATURE

HILARY M. BENTING OFFICER OF DIRECTOR