

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

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

02-27-1999 90043 029 ***150.00

DOCUMENT # P98000095853

1. Corporation Name
MACCUP, INC.



Principal Place of Business
1985 S. OCEAN DRIVE #3K
HALLANDALE FL 33009

Mailing Address
1985 S. OCEAN DRIVE #3K
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1998

4. FEI Number

65-0878257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1965 S.Ocean Drive

Suite, Apt. #, etc.
22 11B

City & State

23 Hallandale, Florida

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 1965 S. Ocean Drive

Suite, Apt. #, etc.

27 11B

City & State

28 Hallandale, Florida

Zip

29 33009

Country

30 USA

9. Name and Address of Current Registered Agent

NIKOLAYTCHEV, ANTON N
1985 S. OCEAN DRIVE #3K
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

NIKOLAYTCHEV, ANTON N.

82 Street Address (P.O. Box Number is Not Acceptable)

1965 S. Ocean Drive, #11B

83

84 City

Hallandale

FL

85 Zip Code

33009

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

ANTON N. NIKOLAYTCHEV

1/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / P / S / T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IALAMOV, BISSE	1.2 NAME	
STREET ADDRESS	1985 S. OCEAN DRIVE #3K 1965 S.Ocean Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009 #11B	1.4 CITY-ST-ZIP	
TITLE	Director/VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIM DIMOV	2.2 NAME	
STREET ADDRESS	1965 S. Ocean Drive, #11B	2.3 STREET ADDRESS	
CITY-ST-ZIP	Hallandale, Florida 33009	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REISSER IALAMOV, DIR.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

954-456-3914

Daytime Phone #

CR2E034 (11/98)