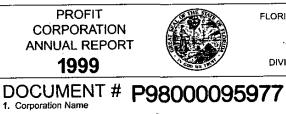
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SEATING SOLUTIONS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90113 014 ***150.00



Principal Place	e of Business	Mailing Add	ress							
1425 GULF OF MEXICO DRIVE #401 1425 GULF OF MEXICO DRIVI LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228				E #401		. DO NOT WRITE	E IN THIS S	PACE		
						3. Date Incorporated or Qualifed 11/13/1998				
2. Principal P	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		Ap	oplied For	
1		26	26					No.	ot Applicable	
Suite, Apt.	#, etc.	— — · · ·	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & S	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country			Zip Country			8. This corporation owes the current year Intangible				
4			29 30			Personal Property Tax.		Yes	⊠ No	
· ·	9. Name and Address of Curr					10. Name and Address of New Re	gistered A	jent		
				81	Name					
	CHEK, JOHN A 5 RINGLING BLVD. #580			82	Street Add	dress (P.O. Box Number is Not Acceptate	oie)			ļ
	ASOTA FL 34236			83	<u> </u>		· ·		1	ŀ
				84	City		FL	85 Zip (Code	1
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such (change was autho	rizea ov	the corporat	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of ch the appoint	anging its nent as re	registered gistered	
SIGNATURE									f	
3IGNATORE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regi	stered Age	nt signature requir	ed when reinstating)	DATE		200.00	í
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF				,
TITLÉ	D		☐ DELETE	1.1 TITLE			١	Change	Addition	
NAME.	HUTCHINGS, MARK			1.2 NAME					ļ	1 8
STREET ADDRESS	1425 GULF OF MEXICO DRI	VE #401		1.3 STREE	T ADDRESS				ļ	Į
CITY-ST-ZIP	LONGBOAT KEY FL 34228			1.4 CITY-5	ST-ZIP			Change	Addition	1
TITLE			☐ DELETE	2.1 TITLE				Change		Ι `
NAME				2.2 NAME		•				l
STREET ADDRESS				2.3 STREE	TADDRESS	•				l
CITY-ST-ZIP				2.4 CITY-	ST-ZIP			Change	Addition	÷-
TITLE			□ DELET E	3.1 TITLE		•		Change	☐ Addition	l
NAME				3.2 NAME	1					ĺ
STREET ADDRESS				3.3 STREE	T ADDRESS					ĺ
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TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition	l
NAME				4. 2 NAME						į
STREET ADDRESS				4.3 STREE	T ADDRESS				,	
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TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition	1
NAME				5.2 NAME	1					l
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP	457			F-1 + 1 00	l
TITLE			☐ DELETE	6.1 TITLE				☐ Change	Addition	ł
NAME]	6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS				,	l
				EACITY O	27 710					i

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 type 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 any attachment with an andress, with all other like empowered.

SIGNATURE: _