Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90079 011 \*\*\*150.00

## 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 # P98000096091

1. Corporation Name

PENNY FARTHING, INCORPORATED

Principal Place of Business Mailing Address P.O. BOX 11572 FT. LAUDERDALE FL 33339-1572  Mailing Address P.O. BOX 11572 FT. LAUDERDALE FL 33339-1572	
P.O. BOX 11572 P.O. BOX 11572 FT. LAUDERDALE FL 33339-1572 FT. LAUDERDALE FL 33339-1572	1 (010) 1(01 FOOT
FT. LAUDERDALE FL 33339-1572 FT. LAUDERDALE FL 33339-1572	
DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualifed	
1 1/12/1998  2 Principal Place of Business 2a Mailing Address 4. FEI Number A	
1/ 000 7 2 94	oplied For ot Applicable
21 20 20 20 20 20 20 20 20 20 20 20 20 20	Additional
5. Certificate of Status Desired LI Fee R	equired
22	May Be
	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	Ì
NOLAN, JOHN J II  82 Street Address (P.O. Box Number is Not Acceptable)	
2555 N.E. 111H STREET API, 510	
FT. LAUDERDALE FL 33304-3312	
00	
	Code
84 City FL 85 Zip	Code
84 City FL 85 Zip	registered
84 City  FL 85 Zip  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 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 reference of the purpose of the purpose of changing its office or registered agent.	registered
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered
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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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  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  TITLE  NOLAN, JOHN J II  STREET ADDRESS  STREET ADDRESS  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	registered egistered
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  ITILE  NOLAN, JOHN J II  STREET ADDRESS  CITY-ST-ZIP  FT. LAUDERDALE FL 33304-3312  ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  CITY-ST-ZIP  Change  1.4 CITY-ST-ZIP	e registered agistered DRS IN 12
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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 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 reasonable.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	e registered agistered DRS IN 12
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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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent. In the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent. In the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the appointment as reagent. I am familiar with, and accept the appointment as reagent. In the corporation's board of directors. I hereby accept the appointment as reagent. In the corporation's board of directors. I hereby accept the appointment as reagent. In the corporation's board of directors. I hereby accept the appointment as reagent. In the corporation's board of directors. I hereby accept the appointment as reagent. In the corporation's board of directors. I hereby accept the appointment as reagent. In the corporation's board of directors. In the corpo	DRS IN 12 Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP