## 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 # P98000105256

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100 FAS	IT, INC.										
0::::::::::::::::::::::::::::::::::::::	4 D i		Maili	ng Address				-{			
Principal Place				•							
1200 S. OCEAN BLVD. 1200 S. OCEAN BLVD. SUITE 12C SUITE 12C											
BOCA RATON FL 33432 BOCA RATON FL 33432								DO NOT WRITE IN THIS S	SPACE		
								3. Date Incorporated or Qualifed			
								12/17/1998			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number	<u> </u>	plied For	
21			26					95-42/9/73		Applicable	
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & Stat	te			City & State				.6Election Campaign Financing	\$5.00	May Be	
23			28					Trust Fund Contribution	Added to	o Fees	
Zip		Country	Z	(ip	Cou	intry		8. This corporation owes the current year lota			
24	25		29		30	,		1 Graeriai 1 Topolity Toxi	<u> </u>	□No	
	9. Name and	Address of Currer	ıt Registe	red Agent		04	M	10. Name and Address of New Registered A	gent		
FODD	DEC CURE					81	Name				
FORBES, CLIVE 1200 S. OCEAN BLVD.				1			Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 12C				8							
BOCA	A RATON FL 33	1432				84	City		85 Zip 0	Code	
						1 1	•	<u> </u>	1.1		
11. Pursuant	to the provisions	of Section 607.050	2 and 607	.1508, Florida Statute	s, the a	bove-	named corpo	pration submits this statement for the purpose of o	changing its tment as ce	registered gistered	
office or n	registered agen <b>g</b> am familiar with, a	nd accept the obliga	ations of, S	section 607.0505, Flor	ida St <u>at</u>	utes.	/	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoin		Pi	
SIGNATURE	XX			CLIVE	17	7/18	39 V	116511001 110	29/4	<i>f</i>	
	Signature, to ad or pri	tell name of registered age	nt and title if a	pplicable. (NOTE:	Registered	i Agent s	signature reqdired	when reinstating) DATE	_//		3
			ID DIDEO		42			ADDITIONS/CHANGES TO DEFICERS AND	DIRECTO	RS IN 12	
12.	<u> </u>	OFFICERS AN	ID DIREC	TORS	13.	m e		ADDITIONS/CHANGES TO OFFICERS AND	DÍREC7O ☐ Change	RS IN 12	
TITLE	D CORRECCIO		ID DIREC		1.1 Π			ADDITIONS/CHANGES TO OFFICERS AND			.,,,,
TITLE NAME	FORBES, CLIV	E	ID DIREC	TORS	1.1 TI 1.2 N/	AME	LDDRESS	ADDITIONS/CHANGES TO OFFICERS AND			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE NAME STREET ADDRESS	FORBES, CLIV 1200 S. OCEA	e N BLVD.	ID DIREC	TORS	1.1 TI 1.2 N/ 1.3 SI	AME TREET A	UDDRESS	ADDITIONS/CHANGES TO OFFICERS AND			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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14. I hereby certify that the information supplied with this sling 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 of the receiver of 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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 Date

**FILED** 

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90049 040 \*\*\*150.00

Daytime Phone #

RSE034 (11/98)