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

Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90009 044 ***150.00

DOCUMENT # P98000105523

| ROSINES | 2 AUQUISITIONS BRUKERAI | JE, INC. | | | | | |
|---|---|--|-------------------------------|---------------------------------|---|------------------|---------------|
| | ` | , | | | | | |
| Principal Place | of Divisions | Mailing Address | | | -{ | , | |
| | | | 400 | | | | |
| 11300 US HWY ONE, SUITE 400 11300 US HWY ONE, SUITE 400 N PALM BEACH FL 33408 N PALM BEACH FL 33408 | | | 400 | | | | |
| TI THE DENOTT IE GOTO | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 12/21/1998 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | | 65-0882650 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A | |
| 22 | | 27 | | | | Fee Red | <u>.</u> - |
| - City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | • |
| 23 | | 28 | | | Trust Fund Contribution | Added to |) Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | | □ 1.1. |
| 24 | 25 | <u> </u> | 30 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Register | au Agent | |
| CRUM | IPTON, THOMAS M | | , , | Name | | | |
| 11300 US HWY ONE, SUITE 400 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | |
| N PALM BEACH FL 33408 | | | 02 | <u> </u> | | | |
| HIA | DA DENOTTE SO-100 | | 83 | } | | | |
| | | | 84 | City | | 85 Zip C | ode |
| | | | | | | | ropistored |
| 11. Pursuant | to the provisions of Sections 607.0502 edistered agent/ or both, in the State of | and 607.1508, Florida Statute f Florida. Such change was au | is, the above ithorized by | e-named corpo the corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the ap | pointment as rec | jistered |
| agent. I a | m familiar with, and accept the of ligation | ons of, Section 607.0505, Flor | ida Statutes | | 1 1-9 | ን የ | |
| SIGNATURE | The Co | | | | 671 | <u> </u> | |
| -40 | Signature, typed or printed name pregistered agent | | Registered Ager | nt signature required | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | OFFICERS AND | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO STITISENS | Change | Addition |
| | CRUMPTON, THOMAS M | | 1.2 NAME | | | _ , | , <u> </u> |
| | 11300 US HWY ONE, SUITE 400 | | | T ADDRESS | | | |
| | | | | 1 | | | |
| | N PALM BEACH FL 33408 | ☐ DELETE | 1.4 CITY-S 2.1 TITLE | 1-ZIP | | Change | Addition |
| TITLE | _ | | | | • | | [_], roo.co |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | • | TADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 2. 4 CITY-5 | ST-ZIP | | Change | Addition |
| TITLE | | | 3.1 TITLE | | ~ | ~- L Gronge | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | 1 | | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-S | ST-ZIP | | Change | Addition |
| TITLE | | □ DELETE | 4.1 TITLE | | | C Ontarige | L Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-\$T-ZIP | | D DELETE | 4.4 CITY-S | T-ZiP | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | C actor | 5.4 CITY-S 6.1 TITLE | 1-ZIP | | Change | Addition |
| TITLE | | ☐ DELETE | | | | ☐ Change | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADORESS | | | |

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 one a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZiP

BUSINESS ACQUISITIONS BROKERAGE, INC.

Professional representation for the transfer of privately held companies

Business Sales Mergers & Acquisitions Investment Properties Professional Valuations Consulting

Tuesday, June 1, 1999

593638,90009,44 P98000105**5**23

Annual Report Filings Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs:

We never received confirmation of our "Sub-S" filing back in January. Please call us or write us with confirmation of that status.

Thank you for your cooperation on this.

Sincerely,

Thomas Crumpton