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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90244 005 ***150.00

DOCUMENT # S14279

1. Corporation Name

SEE & SUCCESS, INC.

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Principal Place of Business	Mailir	ng Address	_		- 1 IBENIAN NAN	ir Billis lilli iaeia iaii a:	ISTA SISA SIGN STORE	#1#11 #1#11 14#1
3232 DAVIE BLVD	1366	NE 37TH ST						
FT LAUDERDALE FL 33312		UDERDALE FL 33334					110 0040E	
us	US					O NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated 11/26/1990	or Qualified		
2. Principal Place of Business	2a. M	failing Address			4. FEI Number			pplied For
21	26				65-0272232		 	ot Applicable
Suite, Apt. #, etc.	s	uite, Apt. #, etc.			5. Certifcate of Statu	s Desired		Additional
22	27				O, Commonto di Cimita			equired
City & State		City & State			6. Election Campaign	Financing		May Be
	28	-			Trust Fund Contrib	oution	Added	to Fees
<u> </u>	untry Zi	-	Country	,	8. This corporation of	• •		
24 25	29		30		Personal Property		☑ Yes	□No*
9. Name and Ac	dress of Current Register	red Agent	81) Al	10. Name and Addre	ss of New Register	rea Agent	
SEE, SHERMAN H	•		01	Name				
1366 NE 37TH ST			82	Street Ad	Idress (P.O. Box Number is	Not Acceptable)		
FT LAUDERDALE FL 3	3334		00			·		
TI CAUDETOALE IE S	J0004		83			•		
			84	City			FL 85 Zip	Code
, ,								rogistored
11. Pursuant to the provisions of office or registered agent, or t	both, in the State of Florida.	Such change was aut	thorized by	the corpora	orporation submits this state ation's board of directors. I h	ment for the purpos nereby accept the a	ppointment as re	egistered
agent. I am familiar with, and	accept the obligations of, Se	ection 607.0505, Florid	da Statutes	i				
SIGNATURE		NOTE: E			i dupon reinstating)	DATE	<u> </u>	·
Signature, typed or printed	name of registered agent and title if ap	 		nt signature requ	uired when reinstating)	DATE		ORS IN 12
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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 the receiver of the corporation of 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 the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/89

184-7828

Daytime Phone #