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 # S25011

FEDERAL PURSUITS, INC.

riled
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90169 036 ***150 00

DII DD



								491) 1411 (1111)
Principal Place of Business Mailing Address							DI ((8) M:4:1 A16:1 A18:1 A18:1	Diffit astri (an)
7491 N. FED H	WY	7491 N. FED 1	HWY			*		
176		176	•			DO NOT WRITE IN THIS SPACE		
Boca raton i US	FL 33487	BOCA RATON US	FL 33487			Date Incorporated or Qualifed		
บง		00	00			01/15/1991		
2 Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Ar	oplied For
21	lace of oddiness	26				65-0254751		ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				\$8.75	Additional
22	.,, 6.6.	<u> </u>	27			5. Certifcate of Status Desired	Fee Re	equired
City & Stat	e		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25		30			Personal Property Tax.		
	9. Name and Address of Curr	ent Registered Age				10. Name and Address of New Registered Agent		
				81	Name		•	
	D, SCOTT		82 Str			Address (P.O. Box Number is Not Acceptable)		
	CAMINO LAKES CIR		83					
BOC	A RATON FL 33486							
				84	City		85 Zip	Code
					-	poration submits this statement for the	FL 📆	
agent. I a	m familiar with, and accept the obli	igations of, Section 6	07.0505, Florida	a Statutes	•	ion's board of directors. I hereby accep	DATE	
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			ORS IN 12	
TITLE	PD		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	RAND, SCOTT			12 NAME				
STREET ADDRESS	CALANIO 1 AL/EC OID			1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-S	T-ZIP			
TITLE] DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME				2.2 NAME	1			1
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY- S	T-ZIP			
TITLE] DELETÉ	3.1 TITLE			☐ Change	☐ Addition
NAME				3.2 NAME			ű.	
STREET ADDRESS				3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY-S	IT-ZIP			F A 1 199
TITLE			DELETÉ	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			FT 4 4 4 10 1 - 1
TITLE		C	DELETE	5.1 TITLE			Change	Addition
NAME			,	5.2 NAME	***********	•	•	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			7 001 075	5.4 CITY-S	I-ZIP			Addition
TITLE		L	DELETE	6.1 TITLE			☐ Change	(□ vaanoon
NAME				6.2 NAME				
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP				6.4 CITY-S	I-ZIP			

14. hereby certify that the information supplied with this filing days 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 trastee empowered to execute this eport at 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.

SIGNATURE: