FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

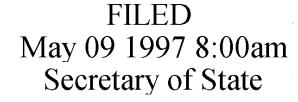
DOCUMENT # S77562

(4)

Mailing Address

MAKEIT, INC.

Principal Place of Business



| 3501 UNIVERSITY DR. SUITE 212 CORAL SPRINGS FL 33065 US | | 3501 UNIVERSITY DR. SUITE 212 CORAL SPRINGS FL 33065-1678 US | | | | | 3. Date Incorporated or Qualified 09/04/1991 | | ate of Last 01/1996 | Report | | |
|--|--|---|-------------------------|--------------|----------------------------------|---------------------------------|--|---|-----------------------------|---------------------------|---|--|
| B. Dringing: D | lace of Ducinose | | 2a Mailing Ad | droce | | | | 4. FEI Number | 1 00/1 | | Applied For | |
| 2. Principa: Place of Business | | | 2a, Mailing Address 26 | | | | | 1 -7 | 65-0320706 Not Applied FC | | | |
| 21 Suite, Apt. #, etc. | | | Suite. Apt. #, etc. | | | | | \$0.75 (2015) | | | | |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired | | | Required | |
| City & State | | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | | | | |
| 23 | Cour | hr.: | 28 Zip | | Cou | intry | | Trust Fund Contribution | | | | |
| | }_, | | | | n iu y | | 8. This corporation has liability for the Florida Statutes | | tax under □ No | 8. 199.032, | | |
| 24 25 29 30 30 9 Name and Address of Current Registered Agent | | | | | | r | | 10. Name and Address of New Registered Agent | | | | |
| DIDA | | | | | | 81 | Name | | | | | |
| BIRNBACH, SHELDON | | | | | | | | | | | | |
| 3501 UNIVERSITY DR. SUITE 212 | | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptab | ile) | | | |
| | | nek | | | | 83 | | | | | | |
| CORAL SPRINGS FL 33065 | | | | | | | , | | | | | |
| | | | | | | 84 | City | | FL | 85 Zır | o Code | |
| office or r agent. La | to the provisions of Se registered agent, or bo im familiar with, and ac | th, in the State o | f Florida. Such chi | ange was | authorize | d by | the corpor | rporation submits this statement for the patients board of directors. I hereby accept | urpose of the app | f changing pointment a | its registered is registered | |
| SIGNATURE | Stgnature, typical or printed na- | me of registered agent | and tille if applicable | (NOT | E Registere | d Age | nt signature req | uired when reinstating) | DATE | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 12. | B18 81 311 473 F8 FF8 FF8 FF8 FF8 FF8 FF8 FF8 FF8 FF8 | OFFICERS AND | | | 13. | | -, | ADDITIONS/CHANGES TO OFFICE | ERS AND | | | |
| THTLE | P | | | DELETE | 1.1 11 | TLE | | W | | Change | Addition | |
| NAME | BIRNBACH, SHELL | DON | | | 1.2 N | AME | | | | | | |
| STREET ADDRESS | 3501 UNIVERSITY | DRIVE | | | 1.3 ST | TREET | ADDRESS | | | | | |
| City - ST- ZIP | CORAL SPRINGS | FL | | | 1.4 C | 1TY-\$ | T-ZIP | | | | | |
| TITLE | | | | DELETE | 211 | TLE | | | | Change | Addition | |
| NAME | | | | | 2.2 N | AME | | | | | | |
| STREET ADDRESS | | | | | 2.3 S | TREET | ADDRESS | · | | | | |
| CifY+S1+ZiP | | | | | 2.40 | HTY- | ST-ZIP | | ., | | | |
| THILE | | | Ш | DELETE | 3.1 TI | ITLE | | | | Change | Addition | |
| NAME | | | | | 3.2 N | AME | | | | | | |
| STIFEET ADORESS | | | | | 3.3 S | TREET | ADDRESS | | | | | |
| City+S1-ZiP | | | | | | | ST - ZIP | | | 17.6 | | |
| TITLE | | | Ш | DELETE | 4.1 TI | | | | | Change | Addition | |
| NAME | | | | | 4. 2 N | AME | ļ | | | | | |
| STREET ADORESS | | | | | 4.3 S | TREET | ADDRESS | | | | | |
| OTY-\$1-20P | | | | A.C. 640 | | | T-ZIP | | · | T 05 | 1 | |
| | | | | THEFT | 5.1 TI | ITLE | | | | Change | Addition | |
| TITLE | | | انا | DELETE | | | | | | | | |
| TITLE NAME | | | L | DECETE | 5.2 N | | | | | | | |
| | | | Ļ | DECEME | 5.2 N 5.3 S | TREET | ADDRESS | | | | | |
| NAME STREET ADORESS Only-ST-ZIF | | | | | 5.2 N 5.3 S 5.4 C | TREET | ADDRESS IT-ZIP | , | | | | |
| NAME STREET ADORESS | | | | DELETE | 5.2 N 5.3 S 5.4 C 6.1 Y | TREET ITY - S ITLE | | , | | Change | e Addition | |
| NAME STREET ADORESS CITY+ST-ZIF | | | | | 5.2 N 5.3 S 5.4 C 6.1 Y | TREET ITY - S ITLE AME | 17 - ZIP | | | ☐ Change | Addition | |
| NAME STREET ADORESS CRY-ST-2IF TITLE | | | | | 5.2 N 5.3 S 5.4 C 6.1 Y | TREET ITY - S ITLE AME | | | · | ☐ Change | : Addition | |

1.1 do hereby certify that the information supplied with his filling does not quality for the exemption stated in section 1190/(5)ff, Proriba Statutes. Further certify that the information indicated on this annual report is supplied 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 chapted, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/25/97 (454) 345-7499