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p. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

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**CORAL SPRINGS FL 33065** 

BIRNBACH, SHELDON 3501 UNIVERSITY DR.

**SUITE 212** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

S77562

(4)

MAKEIT, INC.

FILED
Apr 28 1998 8:00am
Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Yes

□ No

_		44-N						
Principal Place of Business		Mailing Address						
3501 UNIVERSITY DR. SUITE 212 CORAL SPRINGS FL 33065 US		3501 UNIVERSITY D SUITE 212 CORAL SPRINGS FI		DO NOT WRITE IN THIS SPACE				
		US		<ol><li>Date Incorporated or Qualified</li></ol>	3. Date Incorporated or Qualified			
				09/04/1991				
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For		
21		26		65-0320706		Not Applicable		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
	Zip Country	Zip	Country	This corneration owes or has no	aid the cu	rrent year Intendible		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

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83

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition BIRNBACH, SHELDON NAME 1.2 NAME 3501 UNIVERSITY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** City-St-ZiP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 23 STREET ADORESS CITY-ST-ZIP 2.4 CITY - ST - ZIP ☐ DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE \_\_\_ Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME **63 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 13 if changes, or or an attarty tent with an address.

SIGNATURE:

Shelon Bill

1954 345-7199

CRZE034 (10/97)