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

Mailing Address

222 US 1

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V31494

1. Corporation Name

Principal Place of Business

222 US 1

BUSINESS PROMOTION IDEAS OF FLA., INC.

SUITE 208		SUITÉ 208				DO NOT WRITE IN THIS SPACE .						
TEQUESTA FL 33469 US		TEQUESTA FL 33469 US			-	3. Date Incorporated or Qualifed						
d\$						04/24/1992						
2. Principal Pl	2a. Mailing Address	Address			4. FEI Number				Applied I	For		
21	ada 51 205/1/400	26			1	65-0319591				Not Appl	licable	
Suite, Apt.	#_ etc.	Suite, Apt. #, etc.							\$8.75	Additio	onal	
22	.,	27				5. Certifcate of Status	Desired			Required		
City & State	9	City & State				6. Election Campaign	Financing		\$5.0	0 мау (Be	
23		28				Trust Fund Contribu	ıtion		Adde	d to Fee	es	
Zip	Country Zip Cou			y 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes No								
24	4 25 29 30			1 distribution of the control of the							2	
	9. Name and Address of Curren			10. Name and Addres	s of New R	egistered A	igent	<u> </u>				
TARK	MOONE CININ		81		Name							
	RICONE, GINNY US ONE		82	! S	Street Address	s (P.O. Box Number is N	ot Accepta	ole)				
SUIT	E 208		83	3								
TEQUESTA FL 33469			84	ı c	Dity	7.7.7	1 (4 1 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1	<u> </u>	85 Zi	p Code	2 3 18 N	
					,			<u> </u>				
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	e-na	amed corpora	ation submits this statem is board of directors. The	ent for the pereby accept	ourpose of c	:hanging : tment as	its regist register	tered red	
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.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE												
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFF	ICERS AN				
TITLE	P	☐ DELETE	1.1 TITLE			7			Chang	e 🗌	Addition	
NAME	TARRICONE, GINNY		1.2 NAME				•					
STREET ADDRESS	222 U.S. ONE 1.3 S		1.3 STREE	T ADI	IDRESS							
CITY-ST-ZIP	TEQUESTA FL	QUESTA FL 14C		ST-ZI	iP					<u>_</u>		
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NAME			2.2 NAME								ļ	
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NAME .			4. 2 NAME	•								
STREET ADDRESS			4.3 STREE	ET AD	XDRESS							
CITY-ST-ZIP			4.4 CITY-	ŞT-ZI	IP							
TITLE		☐ DELETE	5.1 TITLE						Chang	je 📋] Addition	
NAME			5.2 NAME		.						ĺ	
STREET ADDRESS			5.3 STREE	ET AD	DRESS		•					
CITY-ST-ZIP	£		5.4 CITY-	ST-ZI	JP	1.57						
TITLE	7 - 5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITLE						☐ Chang	je 🗔	Addition	
NAME	Act of the second second		6.2 NAME									

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, of a glattachment with an appears, with all other like empowered.

Daytime Phone #

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90023 032 ***150.00