

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000023991

**Entity Name:** 1699, INC.

**Current Principal Place of Business:**

1699, INC  
1427 PONCE DE LEON DR  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

1699 INC  
1427 PONCE DE LEON DR  
FT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0498265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TWOROGER, THOMAS MDR  
1427 PONCE DE LEON DR  
FT LAUDERDALE, FL 33316 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            TWOROGER, THOMAS M  
Address        1427 PONCE DE LEON DR  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS M. TWOROGER

MDR

04/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date