Applied For

\$8.75 Additional

Not Applicable

May 05, 1999 8:00 am Secretary of State

05-05-1999 90190 011 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/25/1993 4. FEI Number

65-3097290

Mailing Address

22000 SW 258TH ST

HOMESTEAD FL 33031

2a. Mailing Address

Suite, Apt. #, etc.

26

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000022465

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

22000 SW 258TH ST

HOMESTEAD FL 33031

SUITE 25

US

21

RABBITS UNLIMITED, INC.

22		27				5.	Certificate of Sta	itus Desired	Ш	Fee Re	quired
City & Stat		City & State				6.	Election Campa	ion Financino	_	\$5.00	May Re
23		28				"	Trust Fund Con	-		Added to	
Zip	Country	Zip	Соц	intry	•	8.	This corporation		rent vear Int	angible	
24	25 29 30			Personal Property Tax. Yes No						□No	
	9. Name and Address of Current			Γ		10.	Name and Add	ress of New	Registered .	Agent	
				81	Name						
HUBER, MARLENE 22000 S.W. 258TH STREET HOMESTEAD FL 33031-1416					82 Street Address (P.O. Box Number is Not Acceptable)						
						•			\sqcup		
				84	City				FL	85 Zip C	Code
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florid	a Statutes, the a	bove	-named cor	rporation	submits this sta	tement for the	nurpose of	changing its	registered
office or re	egistered agent, or both, in the State of	of Florida. Such chang	e was authorized	i by t	he corporat	tion's bo	oard of directors.	I hereby acce	pt the appoi	ntment as rec	jistered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0	505, Florida Stat	utes.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Anent	signature requi	ired when re	einstating)		DATE		
12.	OFFICERS ANI		13.	, , , , , , , , , , , , , , , , , , , 	organization respon		ADDITIONS/CHA	NGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DE		TLE						Change	☐ Addition
NAME	HUBER, MARLENE		1.2 N	AME							
STREET ADDRESS	22000 SW 258TH ST		138	TREET	ADDRESS						
	HOMESTEAD FL			ITY-ST							
CITY-ST-ZIP TITLE	TIOMESTE IE	□ DE			- 211					Change	Addition
NAME			22 N								
· .				-	ADDRESS					•	
STREET ADDRESS				:TY-51	- 1						
CITY-ST-ZIP	<u> </u>				- 211					Change	Addition
NAME			3.2 N		ļ						_
					ADDRESS						
STREET ADDRESS				XTY-87							
CITY-ST-ZIP TITLE		□ DE			LW					Change	Addition
			4.2 N							_ •	_
NAME					ADDRESS						
STREET ADDRESS					1						
CITY-ST-ZIP				TY-ST	-212					Change	(Addition
TITLE		be	5.2 N								
NAME		•	l		ADDRESS						}
STREET ADDRESS				TY-ST	ľ						ĺ
CITY-ST-ZIP										Change	Addition
TITLE		C DC	6.2 N		1						
NAME					ADDRESS						
STREET ADDRESS				TY-ST	ŀ						
CITY-ST-ZIP	ertify that the information supplied wit	h this filing does not a			1	Section	119 07/31/6\ Eb	rida Statutes	I further cer	tify that the in	formation
indicated officer.or	eruly that the information supplied with on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attact	annual report is true a ver or trustee empowe	and accurate and ered to execute t	that his re	my signatu port as req	ıre shali	have the same I	egal effect as	if made unde	er oath; that f	am an