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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90090 001 \*\*\*150.00

## DOCUMENT # K61791

DONN E. WELDEN, INC.

Principal Place of Business  DONN E WELDON INC P O BOX 2  WHITE SPRINGS FL 32096-0002 US	Mailing Address  DONN E WELDON IN P O BOX 2  WHITE PSRINGS FL US		DO NOT WRITE IN		
2. Principal Place of Business			3. Date Incorporated or Qualifed		
<u>r1                                     </u>	2a. Mailing Address		01/30/1989 4. FEI Number		
Suite, Apt. #, etc.	26	<del></del>	65-0108475		Applied Fo
2	Suite, Apt. #, etc				Not Applic
City & State	City & State		5. Certifcate of Status Desired	\$8.7	5 Addition:
3	28		6. Election Campaign Financing		e Required
Zip Country	Zip		Trust Fund Contribution	\$5.	00 мау Ве
<del></del>		Country	This corporation owes the current year  Personal Property		ed to Fees
9. Name and Address of Cu	rrent Registered Agent	30			_/
JEROME R. SIEGEL P.A.		81 Name	10. Name and Address of New Registe	Yes	DE No.
6000 W. ATLANTIC BLVD		81 Name		reu Agent	
MARGATE FL 33063		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
110 ATE FE 33063		83			
		[83]			
		84 City			
office or registered agent	0502 and 607 1508. Florida Ct			- 85 Zi	Code
agent. I am familiar with, and accept the obli	ite of Florida. Such change was	s authorized by the com-	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	<u> </u>	
NATURE	gations or, Section 607,0505. F	Florida Statutos	ion's board of directors I have to the purpose	or changing i	ts registered
MATURE		onda Otalbles,	and directors. Thereby accept the app	pointment as	Printered
Signature, typed or printed name of registered a	gent and title if applicable			pointment as r	registered
Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable	OTE: Registered Agent signature require	ed when reinstating)		ogioleieu
Signature, typed or printed name of registered a  OFFICERS A		DTE: Registered Agent signature require	ed when reinstating)		ogioleieu
Signature, typed or printed name of registered a  OFFICERS A  WELDEN, DONN F.	gent and title if applicable. (NO AND DIRECTORS	TE: Registered Agent signature require  13. 1.1 TITLE	rd when reinstating)	AND DIRECT	ORS IN 12
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