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PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L07636

1. Corporation Name

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 045 ***150.00

UFF DA/	A, INC.							
Principal Place	e of Rusiness	Mailing Address			 -	ן נושוש וונט שנווג משונם שומטו ונושם ווש וומנוספו ו		1011 01011 01011 (00)
% MAURICE J.		% MAURICE J. BOUDREAU	ı					
1275 N. ATLAN	ITIC AVE.	1275 N. ATLANTIC AVE.	1275 N. ATLANTIC AVE.			0.0 1/07/1/10/175 1/1 7/1/0	00405	
COCOA BEACH	1 FL 32931	COCOA BEACH FL 32931	COCOA BEACH FL 32931			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						08/09/1989		ł
2. Principal P	Tace of Business	2a. Mailing Address			·	4. FEI Number	$\overline{}$	Applied For
21		26				59-2959040		Not Applicable
	#, etc.	Suite, Apt.#, etc.			حجم برنيات	5. Certificate of Status Desired		5-Additional ===
22		27						e Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	Zip Country				Trust Fund Contribution 8. This corporation owes the current year Interest of the current year Interes	<u> </u>	ed to Fees
24	25	29	30	u y		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre		100	1		10. Name and Address of New Registered	Agent	
			*	81	Name			
	K, DONNA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	5 N. ATLANTICA AVE.				011001111011			
COC	COA BEACH FL 32931			83				J
				84	City		85	Zip Code
				Щ		FL	<u> </u>	r Ita registered
office or r	registered agent, or both, in the State	e of Florida. Such change was a	uthonze	a by :	the corporatio	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	ntment a	s registered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Flo	rida Stat	tutes.	•			
SIGNATURE		ANATE AND ANATE		d Account	t signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.		t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	CTORS IN 12
TITLE	PD	☐ DELETE	1.1 Ti	- -			Char	
NAME	TURK, JOHN		1.2 N					} .
STREET ADDRESS	4656 ORCHARD AVENUE		1.3 STREE		ADDRESS			1
CITY-ST-ZIP	SAN DIEGO CA 92107		1.4 C	ITY-ST	r-ZIP			
TITLE	SD ~~	□ pc) crc						
NAME	TURK, DONNA	☐ DELETE	2.1 (ITLE			Char	nge Addition
STREET ADDRESS		- DELETE	2.1 TI				Char	nge Addition
CITY-ST-ZIP		DELETE	2.2 N	IAME	ADDRESS		Char	nge Addition
	4656 ORCHARD AVENUE SAN DIEGO CA 92107		22 N 23 S 2.4 C	IAME TREET CITY-S	ſ	· · · · · · · · · · · · · · · · · · ·	·	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	TREET OTY-S' TILE TAME TREET OTY-S'	T-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	·	nge Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	22N 23S 24G 3.1Tl 32N 33S 34.G 4.1Tl 4.2N	TREET CITY-S' ITLE TREET CITY-S' ITLE TREET CITY-S' TITLE TAME	T-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	Char	nge Addition
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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, or on an attachment with an address with all other like empowered.

SIGNATURE: