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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000071299

1. Corporation Name

T.D.A. CORPORATION

Principal Place of Bus	ness	Mailing Address							
4006 S. SEMORAN-BLV	0	4006 S. SEMOBAN BLVD.							
ORLANDO FE \$2822		Orlando FL 32822				חס אס	T WRITE IN THIS	SPACE	
us /	•	US			<u> </u>	3. Date incorporated or Qu		- TOL MOL	
		-				09/12/1995	Tallica	<u> </u>	
2. Principal Place of 6	Nuciona a	2a. Mailing Address				4: FEI Number		TA	plied For
2. Principal Place of 1	oulder Falls Ct	20. Maning Address	ع مط	alle		59-3340873		<u> </u>	ot Applicable
21 270 (9) Suite, Apt. #, etc.	MINCE (AIIZ CI	Suite, Apt. #, etc.	(- 1117	~ ;+	2 38 3340073			Additional
A POPK	a Fl 32703	27 Apopta 1	EL_			5. Certifcate of Status Des	ired 🔲		equired
City & State		City & State			6	Election Campaign Fina	ncing []		May Be
23 32703	<u>USA.</u>	28 32703	US	<u> </u>		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	ry	1	This corporation owes the	ne current year In		
24	25		30			Personal Property Tax.		Yes	□No
9. N	ame and Address of Current I	Registered Agent				0. Name and Address of	New Registered	Agent	
DEDEVIO	. 6			11 Name	h				}
PEREYRA,			l i	82 Street Address (P.O. Box Number is Not Acceptable)					
1	DER FALLS COURT					· 			
apopka fi	. 32703		-	13					
			ļ.	4 City			<u></u>	85 Zip	Code
				City			FL	_ 05 2,5	
11. Pursuant to the p	rovisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ve-named	corporati	ion submits this statement	for the purpose of	changing its	registered
office or registere	d agent, or both, in the State of ar with, and accept the obligatio	Florida. Such change was au	ithorized i	ov the corp	poration's	board of directors. I hereby	accept the appo	intment as re	egistered
_	ar with, and accept the obligation	113 01, 0604011 001 .0000, 1 101	ou cuiu	.					
SIGNATURE Signature	typed or printed name of registered agent a	nd title if apolicable. (NOTE:	Registered A	gent signature i	required when	n reinstating)	DATE	<u>.</u>	<u> </u>
SIGNATURE Signature	typed or printed name of registered agent a OFFICERS AND		Registered A	gent signature r	required whe	n reinstating) ADDITIONS/CHANGES		ND DIRECTO	DRS IN 12
Signature					٩	ADDITIONS/CHANGES	TO OFFICERS AI	Change	DRS IN 12
Signature 12. TITLE P	OFFICERS AND	DIRECTORS	13.		۴	ADDITIONS/CHANGES	OFFICERS AI	Change	
Signature 12. TITLE P NAME PERE	OFFICERS AND	DIRECTORS	13. 1.1 TITL 1.2 NAM		۴	ADDITIONS/CHANGES	OFFICERS AI	Change	
I2. TITLE P NAME PERE STREET ADDRESS 2901	OFFICERS AND YRA, J R BOULDER FALLS COURT	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR		۴	ADDITIONS/CHANGES	OFFICERS AI	Change	
Signature 12.	OFFICERS AND YRA, J R BOULDER FALLS COURT KA FL 32703	DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY		۴	ADDITIONS/CHANGES	OFFICERS AI	Change	
Signature 12.	OFFICERS AND YRA, J R BOULDER FALLS COURT KA FL 32703 Director	DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITA 2.1 TITL		۴	ADDITIONS/CHANGES	OFFICERS AI	Change	☐ 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 open attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

The Post YPEU OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR