FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

IAENSCH-MOODY CORPORATION

BACIOSIT MOODI COM CHAME	71
·	
Principal Place of Business	Mailing Address
14820 S.W. NARANIA LAKES BLVD. #2-K	14820 S.W. NARANJA

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90069 026 ***150.00



Principal Place	e of Business	Mailing Address		_	
	RANJA LAKES BLVD. #2-K	14820 S.W. NARANJA LAKES	BLVD.	#2-K	,
Naranja FL 33	3032	NARANJA FL 33032			DO NOT WRITE IN THIS SPACE
		·		•	3. Date Incorporated or Qualifed 12/08/1997
2. Principal Pi	lace of Business	2a. Mailing Address		-	4. FEI Number Applied For
21	and of Baomes	26			APPLIED FOR 65 - 0815142 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired Security Securi
22 27			_		
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	Caust		Trust Fund Contribution Added to Fees
Žip	Country	Zip 36	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren		<u>'l</u>	_	10. Name and Address of New Registered Agent
			8		000
HENDRICKS, ROBERT A Land Control of the Control					
	ALHAMBRA CIRCLE		ľ	148	20 SW. Naranja Lakes Blud.
COR	IAL GABLES FL 33134		8	13 #) -V
	•		8	4 City	85 <u>Zip Code</u>
		·		1 1/00	(ania FL 33032
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of florida, Such change was auth	the abo	ove-named corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m far liar with, and accept the obliga			96	on's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12,	Signature, typed or printed name of registered age	ND DIRECTORS	13.	gent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	I P	> DChange Addition
NAME	HENDRICKS, ROBERT A		1 2 NAM	E E	mma Toenschija Lakes Bluel. #2-K
STREET ADDRESS	310 ALHAMBRA CIRCLE		1.3 STRE	ET ADDRESS L	4820 2 m. Maranja raises 1200 12
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CiTY	-ST-ZIP	KIRANIA, FL 33032
TITLE	•	☐ DELETE	2.1 TITLE	≣	☐ Change ☐ Addition
NAME			2.2 NAM	E	\
STREET ADDRESS			2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY		☐ Change ☐ Addition
IIILE		☐ DELETE	3.1 TITLE		□ Straings □ Addition
NAME			3.2 NAM	ET ADDRESS	
STREET ADDRESS			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	·		4. 2 NAM		
STREET ADDRESS			4.3 STR	ET ADDRESS	Ì
CITY-ST-ZIP			4.4 CiTY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	eraine content	يتنيك أأملاء النفائل وأدوأ يتعتبدون		E	
STREET ADDRESS				ETADORESS	,
CITY-ST-ZIP			5.4 CITY		
TITLE	,	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM	E EET ADDRESS	
STREET ADDRESS				ELI ADDRESS	,

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 suppliemental 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 addgess, with all other like empowered.

SIGNATURE: