PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90083 029 ***150.00

	1999				
DOCL	JMENT # P98000	102358			
i. Corporau	WIDE COMMODITY CORPO				
MACULO	AAIDE COMMACOLLI COULO	TATION			L LATTICARY (NO 1818) 2811) BORY BOYN AGIOL (NOT AGNIC ATRAC NAFE CINDS (ALL IAL
	,				
Principal Pla	ce of Business	Mailing Address			
678 PINES BL	LVD	9678 PINES BLVD			,
		PEMBROKE PINES FL 330	024		DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified
					12/07/1998
_ ``	Place of Business	2a. Mailing Address			4. FEI Number 7/4 30 Applied Fix
21	- H - 1-	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
Suite, Api 22	C. #, 46C.	27			5. Certificate of Status Desired Fee Required
-City & St	ate ~ = =	City & State	-	-	6. Election Campaign Financing \$5.00 May 80
23		28			Trust Fund Contribution Added to Fees
Zip,	Country	Zlp	Coun	itr y	8. This corporation owes the current year Intangible Personal Property Tax. [] Yes [] No
24	9. Name and Address of Curre	29 29 Annut	30		Personal Property Tax. L3 Yes L3 No. 10. Name and Address of New Registered Agent
	s. Name pric Address of Curre	ur valiateran Albist		81 Name	101 - The said Landson of Landson Said
	INBERG NELSON, DEBRA		ļ.	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
105 E ROBINSON ST, STE 301			[OZ GUERNA	aniana it to man trattimina it itati manhana)
ORL	ANDO FL 32801			83	
			L		
			{ }	84 City	85 Zip Code
		02 and 607.1508, Florida State of Florida. Such change was attens of Section 607.0505, F	ì] ",	exporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	yent and title if applicable. (NC	tutes, the ab a authorized Forida Statut	ove-named co by the corpora tes.	FL
	Signature, typed or printed name of registered ag		tutes, the ab a authorized Florida Statut	ove-named copyorates.	prioration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed of printed name of registered ag OFFICERS A	ont and title if applicable. (NC	tutes, the ab a authorized forida Statul DTE: Registered A	ove-named coby the corporates.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered unit when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signeture, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN SS 9676 PINES BLVD	ont and title if applicable. (NC	tutes, the abs a authorized Florida Statut TE: Registered A 13, 1.1 TILL	ove-named coby the corporates.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered unit when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP	Signeture, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN SS 9676 PINES BLVD PEMBROKE PINES FL 33024	ent and title if applicable. (NC ND DIRECTORS	titles, the ab 3 authorized Florida Statul DIE: Registered A 13. 1.1 TIIL 12 MAA 1.3 STR 1.4 CM	ove-named or by the corporates.	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN SS 9676 PINES BLVD PEMBROKE PINES FL 33024	ont and title if applicable. (NC	titles, the absauctions at the status of Frida	ove-named or by the corporates. Gent signature requirements and the corporates. E. A.C. E.E.E.T. ADDRESS (-ST-ZP) E.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered unit when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN	ent and title if applicable. (NC ND DIRECTORS	titles, the absauctions at the absauction and a statut of the	ove-named or by the corporates. Gent signature requirements and the corporates. E. A.C. E.E.E.T. ADDRESS (-ST-ZP) E.	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZEP TITLE NAME STREET ADDRES STREET ADDRES	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN	ent and title if applicable. (NC ND DIRECTORS	titles, the absauch for its authorized for its actual to the control of the contr	ove-named or by the corporates. Gent signature requirements and the corporates. E. E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	Signeture, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD	ent and title if applicable. (NC ND DIRECTORS	titles, the absaulthorized Fiorida Statul DIE: Registered A 13. 1.1 TIII. 12 MAA 1.3 STR 1.4 CM 2.1 TIII. 22 NAA 23 STR 2.4 GIT	ove-named or by the corporates. Dent signature requirements and the corporates. E. E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	ent and title if applicable. (NC ND DIRECTORS DELETE	titles, the absaulthorized for the Status St	ove-named or by the corporates. Gent squeture requirements from the corporates. E. E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change
SIGNATURE 12. TITLE STREET ADDRES CITY ST ZP TITLE NAME STREET ADDRES CITY ST ZP TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	ent and title if applicable. (NC ND DIRECTORS DELETE	titles, the absauch for its authorized for its auth	ove-named or by the corporates. E Æ EEET ADDRESS F-ST-ZP E EET ADDRESS F-ST-ZP E EET ADDRESS F-ST-ZP E EET ADDRESS	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZP TITLE NAME STREET ADDRES CITY-ST-ZP NAME STREET ADDRES CITY-ST-ZP	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	ent and title if applicable. (NC ND DIRECTORS DELETE	titles, the absauch for its authorized for its auth	ove-named or by the corporates. Gent squeture requirements E E E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change
SIGNATURE 12. TITLE STREET ADDRES CITY ST ZP TITLE NAME STREET ADDRES CITY ST ZP TITLE NAME STREET ADDRES CITY ST ZP TITLE	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	titles, the absauctionized for the status of	ove-named or by the corporates. E E E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZP TITLE NAME STREET ADDRES CITY-ST-ZP NAME STREET ADDRES CITY-ST-ZP	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	tutes, the about a suthorized Florida Statution 13, 11 TITL 22 NAW 23 STR 24 CIT 32 NAW 33 STR 34 CIT 41 TITL 42 NAW 43 NAW 42 N	ove-named or by the corporates. E E E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE STREET ADDRES CITY ST ZP TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES STREET ADDRES	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	tutes, the about a various and the control of the c	ove-named or by the corporates. E Æ E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADDRES CITY ST ZP	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	tutes, the about a various of the control of the co	ove-named or by the corporates. E Æ E Æ E EEFT ADDRESS /- ST-ZIP E EET ADDRESS y- ST-ZIP E EET ADDRESS	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	tutes, the absolute of the control o	ove-named or by the corporates. E Æ E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZP TITLE NAME STREET ADDRES STREET ADDRES STREET ADDRES	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	authorized a rorida Statul 13. 11 TIII. 12 NAA 13 STR 21 TIII. 32 NAA 33 STR 34 CIT 41 TIII. 42 NAA 43 STR 44 CIV 51 TIII. 52 NAA 53 STR 54 STR 55 NAA 53 STR	ove-named or by the corporates. E Æ E Æ E EEFT ADDRESS /- ST-ZIP E EET ADDRESS y- ST-ZIP E EET ADDRESS	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADORES CITY ST 2P	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE	authorized a rorida Statul 13. 11 TIII. 12 NAA 13 STR 21 TIII. 32 NAA 33 STR 34 CIT 41 TIII. 42 NAA 43 STR 44 CIV 51 TIII. 52 NAA 53 STR 54 STR 55 NAA 53 STR	CV9-named coby the corporates. E AE E E E E E E E E E E E	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered Directors Directo
SIGNATURE 12. TITLE NAME STREET ADDRES CITY-ST-ZP TITLE	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITL 22 NAW 2.3 STR 3.4 CTT 4.1 TITL 4.2 NAW 3.3 STR 4.2 TITL 5.2 NAW 5.3 STR 5.1 TITL 5.2 NAW 5.3 STR 5.4 CTT 6.1 TITL 6.2 NAW 6.3 NAW 6.3 NAW 6.3 STR 6.1 TITL 6.2 NAW 6.3 NAW 6.3 STR 6.1 TITL 6.2 NAW 6.3 NAW 6.3 NAW 6.3 STR 6.3 NAW 6.3 STR 6.4 CTT 6.4 TITL 6.5 NAW	CV9-named or by the corporates. E AE EEET ADDRESS Y-ST-ZIP E EEET ADDRESS	priorition submits this statement for the purpose of changing its registered about's board of directors. I hereby accept the appointment as registered DATE
SIGNATURE 12. TITLE NAME STREET ADORES CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A D KAHN, LARRY ALAN 9676 PINES BLVD PEMBROKE PINES FL 33024 D LABELL, STEVEN 9676 PINES BLVD PEMBROKE PINES FL 33024	OPPLETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	authorized Forda Statul 13. 1.1 TITL 12 NAA 1.3 STR 2.1 TITL 22 NAA 2.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 3.3 STR 4.4 CITV 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITV 5.1 TITL 5.2 NAA 6.3 STR 6.3 S	OV9-named or by the corporates. E E E E E E E E E E E E E	priorition submits this statement for the purpose of changing its registered about's board of directors. I hereby accept the appointment as registered DATE

accurate and that my signature shall have the same legal effect as if made under onth; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in thall other like empowered.

SIGNATURE: