Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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 # 182900

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Suite, Apt. #, etc.

WEBB, H TED

City & State

22

23

24

Zip

DERMODY & WEBB, INC.

Principal Place of Business	Mailing Address				
3801 N 29TH AVE HOLLYWOOD FL 33020	3801 N 29TH AVE HOLLYWOOD FL 33020				
,					
2. Principal Place of Business	2a. Mailing Address				

26

27

28

29

Zip

Suite, Apt. #, etc.

City & State

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90126 037 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

This corporation owes the current year Intangible

Name and Address of New Registered Agent

01/25/1955 4. FEI Number

59-0730881

SOUL MI SALLI MAE			- 1			-			
HOL		83	 		•				
								72-1 -	
			84	City			FL	85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. S	508, Florida Statutes	the abov	e-named	corporation submits this	statemen	t for the purpose of	changing	its registered
agent. I a	egistered agent, or both, in the State of Florida. Si m familiar with, and accept the obligations of, Sec	tion 607.0505, Florid	la Statutes	6.	Mation's podia of director	3. T TIOI CE	by accept ine appear)
SIGNATURE	Signature, typed or printed name of registered agent and title if applied	cable. (NOTE: R	legistered Age	nt signature n	equired when reinstating)		DATE	· · · · · ·	
12.	. OFFICERS AND DIRECTO		13.		ADDITIONS/C	HANGES	TO OFFICERS AN	D DIREC	CTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE					Change	nge 🔲 Addition
NAME	WEBB, H TED		1.2 NAME					•	
STREET ADORESS	3801 N 29TH AVE		1.3 STREE	T ADDRESS					_
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020		1.4 CITY-5	ST-ZIP	Hollywood	Fl.	33020-	100	<u> 7</u>
TITLE	SD	☐ DELETE	2.1 TITLE					Char	nge 🔲 Addition
NAME	METZ, LINDA M.		2.2 NAME						
STREET ADDRESS	3801 N. 29TH AVE		2.3 STREE	TADORESS					
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY-	ST-ZIP		• •		•	·
TITLE		☐ DELETE	3.1 TTTLE					Char	nge 🔲 Addition
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4, CITY-	ST-ZIP					
TITLE		□ DELETE	4.1 TITLE					☐ Chai	nge 🗌 Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS			•		
CITY-ST-ZIP			4.4 CITY-5	ST-ZiP					
TITLE		☐ DELETE	5.1 TITLE					Cha	nge 🗌 Addition
NAME	,		5.2 NAME						
STREET ADDRESS	·		5.3 STREE	T ADDRESS		,		•	
CITY-\$T-ZIP			5.4 CITY-	ST-ZIP			·		
TITLE		☐ DELETE	6.1 TITLE					Chai	nge 🔲 Addition
NAME			6.2 NAME			•			
STREET ADDRESS			6.3 STREE	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					

Country

81 Name

30

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.