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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	193089
4 Compretion Name		10000

Corporation Name

IODDAN LIQUIDATORS INC

Principal Place of Business	Mailing Address	
703 W 8AY ST	703 W BAY ST.	
TAMPA PC 33606	TAMPA FL 33606	•

1	~	LIKE THE GOODS		DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed		
				05/11/1956		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 292	6 Hawthorne Rd	26 2926 Hari	thome Kd	59-0770475	- 1	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	MPA	5. Certifcate of Status Desired	T	'5 Additional Required
City & State		City & State	_	6. Election Campaign Financing	_ \$5.	00 May Be
23 1	PLACION	28	-ORIDA	Trust Fund Contribution		led to Fees
Zip	Country	Zio	Country	g. This corporation owes the cur	rent vear Intangible	
24 33	615	29 4300 \ 30	<u>. </u>	Personal Property Tax.	_ Yes	□No
	o Name and Address of Current			10. Name and Address of New	Registered Agent	
			81 Name			
JORI	dan, pamela			me)	- Lt-\	
- 730	W. BAY ST.		Street Add	ress (P. Box Number is Not Accept	Red	
TAM	PA-FL-93606			LE JEUNGO I VIL	1 /22/200	
			-/ lar	noa		
			84 City	-	EI 85 4	Zip Code
	to the provisions of Sections 607.0502		#b	andian authorite this statement for the	purpose of changin	n its registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	norized by the corporati	ion's board of directors. I hereby acce	pt the appointment a	s registered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes			
SIGNATURE						
	Signature, typed or printed name of registered agent	, , , , , , , , , , , , , , , , , , ,	egistered Agent signature requin		DATE DATE	OTODO IV 40
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	
TITLE	\$	□ DECE IE	1.1 TITLE			igo [] Addition
NAME	GILMORE, FLORENCE		1.2 NAME			
STREET ADDRESS	6014 46TH AVE. N.		1.3 STREET ADDRESS			į
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP			
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Cha	nge
NAME	Jordan, Wendell		2.2 NAME			
STREET ADDRESS	1524 BUTTONBUSH CIR	the second second	· 2.3 STREET ADDRESS -	·	** **	· - ·
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP			
TITLE	PTD	☐ DELETE	3.1 TITLE		Cha	nge 🔲 Addition
NAME	JORDAN, PAMELA S.		3.2 NAME	11	6	,
STREET ADDRESS	-703 W. BAY ST.		3.3 STREET ADDRESS	2926 Hawtho	rne Koa	d
	TAMPA FL		3.4. CITY-ST-ZIP	DUPA FL 3	3611	_
CITY-ST-ZIP	чтинг АТС	☐ DELETE	4.1 TITLE		☐ Cha	nge 🗌 Addition
NAME		<u> </u>	4. 2 NAME		-	
			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		∩ nevere	4.4 CITY-ST-ZIP		[7] Cha	nge Addition
TITLE		☐ DELETE	5.1 TITLE			inge 🔲 Addition
NAME			5.2 NAME	,		ŀ
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	~ : * ·	☐ DELETE	6.1 TITLE	•	☐ Cha	nge 🗀 Addition
NAME	stranite de la Paris. Proprio de la Paris		6.2 NAME		•	İ
STREET ADDRESS	AT AT A STATE OF THE STATE OF T	• •	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
On 1-31-21						

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 changes, for on an attachment with an address, with all other like empowered.

SIGNATURE: