## 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 # 209110

1. Corporation Name

WALDREP DAIRY INC

Principal Place of Business

Mailing Address

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90100 026 \*\*\*150.00



7505 W TAFT STREET 7505 W TAFT STREET WEST HOLLYWOOD FL 33024 WEST HOLLYWOOD FL 33024			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 01/16/1958	
2. Principal P	lace of Business	2a. Mailing Address	- H - 1	4. FEI Number	Applied For
	NW.30th Street	26 8050 NW	30th Street	<del> </del>	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City & State City & State			<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23 Hollywood + 28 Hollywood :			ガ	Trust Fund Contribution	Added to Fees
Zip Country ( Zip Country				8. This corporation owes the current year int	angible
24 3307	4 25 Browned	29 33024 30	Broward.	Personal Property Tax.	☐ Yes ☐ No
24, 0000	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered	Agent
			81 Name) //	Tan Parla Carat	
BARNETT, RITA C				ress (P.O. Box Number is Not Acceptable)	
			1° 300 50		
HOL	LYOOD FL 33024		83		
	• ,		1		<del></del>
			84 City	رير FL	85 Zip Code
44 Dumumt	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes 1	he above-named com	poration submits this statement for the numose of	changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I a	m familias with and accept the obligation	ns of, Section 607.0505, Florida	Statutes.		,
SIGNATURE	fill The Ju	ncen	stered Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	VT		11775		Change Addition
·	DETJEN, JEWELL		-	ewell O. Pollet	
NAME.	7505 W TAFT ST		13 STREET ADDRESS 80	DED NW30 KD STY OUT	
STREET ADDRESS	•			1/1/2000 d -2/2 33024	ľ
CITY-ST-ZIP	W HOLLYWOOD, FL 00000		1.4 CITY-ST-ZIP 77 2.1 TITLE	11 An Pedio Corrin	Change Addition
TITLE	S		2.1 (IILE	112 Polo Coarin	
NAME	BARNETT, RITA		2.2 NAME	THEN FLAN Sheet	
STREET ADDRESS	911 N 73RD AVE		2.3 STREET ADDRESS	follywood of 33074	· 1
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2.4 CHY-St-ZIP	10/14 WOOD 97 330/4	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	الحالي المستحدين وأستعمل والأراب	☐ Change ☐ Addition
NAME	1		3.2 NAME		ļ
STREET ADDRESS	1	]	3.3 STREET ADDRESS		]
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	·	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition }
NAME			5.2 NAME		:
STREET ADDRESS			5.3 STREET ADDRESS		ſ
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I CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		5.4 CITY-ST-ZIP	_	
CITY-ST-ZIP TITLE					☐ Change ☐ Addition
. TITLE		☐ DELETE	5.4 City-St-ZiP		☐ Change ☐ Addition
		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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 of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: