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

STAD DURI ISLANG COMPANY INC.

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|------------------------------|-------|
| DRAWER BB | |
| | 00400 |

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90025 036 ***150.00

| SIAN FU | BLISHING COMERINE, INC | • | _ | | | | | | | |
|---|---|---------------|--------------------------|--|----------------------------------|---------------|---|---|------------------|------------|
| Principal Place | rincipal Place of Business Mailing Address | | | I (BEILE HALL BIRE) SELLI BIRE (BILL BIRL) | | 11 07011 1227 | | | | |
| DRAWER BB DRAWER BB | | | | | | | | | | |
| BOYNTON BEACH FL 33425 BOYNTON BEACH FL 33425 | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | | | 06/16/1961 | , , - | |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | lied For | | |
| 26 | | | | | | 59-0939773 | 8.75 Ac | Applicable | | |
| Suite, Apt. # | Suite, Apt. #, etc. | | | 5 Certificate of Status Desired | Fee Req | juired | | | | |
| 27 | | City & State | Sh. 9 State | | | | 6. Election Campaign Financing | \$5.00 N | | |
| City & State | | 28 | City & State | | | | | Trust Fund Contribution | Added to | |
| Zip | Country | 201 | Zip | Country | | | 8. This corporation owes the current year Intangi | ble | | |
| 24 | 25 | 29 | • | 30 | | | | Personal Property Tax. | Yes L | □No |
| 24 | 9. Name and Address of Curre | | tered Agent | | L. | | | 10. Name and Address of New Registered Age | <u>nt</u> | |
| | | | | | 81 | N | lame | | | |
| | (, WILLIAM P | | | | 82 | s | treet Addre | ess (P.O. Box Number is Not Acceptable) | | |
| | PRINCETON LANE | | | | | | | | | |
| BOY | NTON EBAHC FL 33425 | | | | 83 | | | | | |
| | | | | | 84 | C | ity | FL | 5 Zip C | ode |
| | | | | 41 | | | amod corpo | i the this statement for the purpose of cha | nging its r | registered |
| | | | | | | | corporation | oration submits this statement for the purpose of chain's board of directors. I hereby accept the appointment | ant as reg | istered |
| agent. I ai | m familiar with, and accept the oblig | ations of | f, Section 607.0505, Flo | inda St | atutes | 3. | | | | İ |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title | if applicable. (NOTE | : Register | ed Ager | nt sig | nature required | when reinstating} DATE | | |
| 12. | OFFICERS A | | | 1: | | | | ADDITIONS/CHANGES TO OFFICERS AND D | | |
| TITLE | PD | | ☐ DELETE | 1.1 | TITLE | | Į | L |] Change | Addition |
| NAME | BECK, WILLIAM P | | | 1.2 NAME | | Ì | | | } | |
| STREET ADDRESS | 12 CTD | | STREE | TAD | DRESS | | |] | | |
| CITY-ST-ZIP | 14C0 | | CITY-S | ST-ZI | P | |] Change | Addition | | |
| TITLE | S DELETE 2.1 TITU | | TITLE | | } | L | Change | L Addition | | |
| NAME | DEVOY, SUSAN | | | | NAME | | | | | Ì |
| STREET ADDRESS | 1402 PRINCETON LANE | | | | STREE | | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | - Fine care | _ | 4 CITY-S | ST-Z | IP | | Change | Addition |
| TITLE | 3 | | ☐ DELETE | | TITLE | | | _ | | _ |
| NAME | | | | | 3.2 NAME 3.3 STREET ADDRESS | | NODECC . | | | |
| STREET ADDRESS | | | | - 1 | | | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | | CITY-: | | JP - | | Change | ☐ Addition |
| TITLE | | | | | 2 NAME | | | | | |
| NAME | | | | | | | DDRESS | | | |
| STREET ADDRESS | | | | | CITY-S | | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | | TITLE | | | | Change | ☐ Addition |
| NAME | | | | 5.3 | NAME | | | | | |
| STREET ADDRESS | | | | 5.3 | 3 STREE | ET AC | DDRESS | ••, | | |
| CITY-ST-ZIP | | | | 5.4 | 4 CITY-S | ST-Z | OP | | | |
| TITLE | | | ☐ DELETE | 6. | TITLE | | | . [|] Change | ☐ Addition |
| NAME | | | | 6.3 | 2 NAME | Ē | | | | |
| STREET ADDRESS | | | | 6. | 3 STREE | ET AC | DDRESS | | | |
| 1 | ! | | | | | ^ | 710 | | | |

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.

SIGNATURE:

566-732-3195 Daytime Phone #