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 # 415935 1. Corporation Name DADELAND AUTHORIZED SERVICE INC

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90022 050 ***150.00



| The state of the s | | | | | | | |
|--|---|-----------------|---|---|--|--|--|
| Principal Place of Business | Mailing Address | | | II BIĞIL BIBIL BISIL ISBI | | | |
| 13985 SOUTH DIXIE HWY 13985 SOUTH DIXIE HWY MIAMI FL 33176 | | | DO NOT WRITE IN THIS SPACE | DE | | | |
| | | | 3. Date Incorporated or Qualifed 01/02/1973 | | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | | |
| 21 | 26 | | 59-1429888 | Not Applicable | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | F Contiferts of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | City & State | | | 5.00 May Be | | | |
| Zip Country | Zip 29 3 | Country | This corporation owes the current year Intangibl Personal Property Tax. | | | | |
| | Current Registered Agent | 1 | 10 Name and Address of New Registered Agen | t | | | |
| NUNEZ,JACK | | | Name | | | | |
| 13985 SOUTH DIXIE HWY MIAMI FL 33176 | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | 83 | | ~ | | | |
| | | 84 | Sity | Zip Code | | | |
| office or registered agent or both in the | ne State of Florida, Such change was aut the obligations of Section 607.0505, Florid | thorized by the | amed corporation submits this statement for the purpose of change corporation's board of directors. I hereby accept the appointment of the purpose of change corporation's board of directors. I hereby accept the appointmen | ing its registered it as registered | | | |
| 12. OFFICERS AND DIRECTORS 1 | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE PD | DELETE | 1.1 TITLE | | Change Addition | | | |

| • | | The second second | The strain strain of the strain | ar to be a few and the | | e e | | | | | |
|--|-----------------|--------------------|---------------------------------|------------------------|--------------------------|----------|-------------|--|--|--|--|
| SIGNATURE | | | | | DATE | 3 | | | | | |
| Signature, typed or printed manie or registered agent and use it appreciate. | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS | CHANGES TO C | FFICERS AN | | | | | | |
| TITLE | PD DELETE | 1.1 TITLE | | | | ☐ Change | ☐ Addition | | | | |
| NAME | NUNEZ,JACK | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 7630 SW 96 AVE. | 1.3 STREET ADDRESS | | | | • | ļ | | | | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | VD □ DELETÉ | 2.1 TITLE | | | | Change | ☐ Addition | | | | |
| NAME | NUNEZ,MARINA | 2.2 NAME | | | | | ľ | | | | |
| STREET ADDRESS | 7630 SW 96 AVE. | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | 2. 4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | DELETE | 3.1 TITLE | · · · | žere. | ء ريا ميد ان | Change | Addition | | | | |
| NAME | | 3.2 NAME | | • | ÷ | , | } | | | | |
| STREET ADDRESS | | 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 | | | | | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | | | Change | ☐ Addition | | | | |
| NAME | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADORESS | | | | | Ì | | | | |
| OTTY OT 7ID | | 6.4 CITY-ST-ZIP | | | | | | | | | |

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.