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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 667706

1. Corporation Name

Principal Place of Business

MELVIN C. ALLDREDGE, P.A.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90069 004 ***150.00



9210 SW 72ND BLDG 5. SUITE MIAMI FL 33173 US	E 101 ·	9210 SW 72ND STREET BLDG 5. Suite 101 Miami FL 33173 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						05/01/1980			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1985861			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired		Fee F	Required
City & Stat	te	City & State				6. Election Campaign Financin	g _	\$5.00	May Be
23	·	28				Trust Fund Contribution	· 니		to Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the cu	rrent year Ir	ntangible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer			Γ.		10. Name and Address of New	Registered	Agent	
	DEDOE MELITINO	• -		81	Name				
AALE ALLE	DREDGE, MELVIN C.			82	Street Add	fress (P.O. Box Number is Not Accep	ntable)		
	O'S. DADELAND BLVD, STE 1119)		102	Judet Addi	ALCO IT TO DOX MUMBER IS NOT ACCEL	plable	.	
MIAN	MI_FL_33156			83		一块大块	44-116-116	\$1. BAR	
				84	City			85 Zir	Code
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11 Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	or Florida. Such change v	statutes, the a	a by i	e-named corp	poration submits this statement for thi ion's board of directors. I hereby acc	e purpose o ept the appo	r changing i pintment as i	ts registered registered
onice or r	im familiar with, and accept the obliga	tions of Section 607 0505	, Florida Stat	tutes					
√ Magent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505	5, Florida Stat	tutes.			-	•	
agent. I a	im familiar with, and accept the obligation of registered ager	itions of, Section 607.0505	5, Florida Stat			ed when reinstating)	DATE	• • • • • • • • • • • • • • • • • • • •	
agent. I a	Signature, typed or printed name of registered age	itions of, Section 607.0505	5, Florida Stat	d Agen		ed when reinstating) ;		ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505	5, Florida Staf	d Agen				ND DIRECT	
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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 empoyered 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 applications, with all other like empowered.

SIGNATURE