**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F55430

1. Corporation Name

NEDIM ENTERPRISES, INC.

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90022 034 \*\*\*150.00

•	•					
Principal Place	e of Business	Mailing Address	<del></del>	1 idetiel tier girnt minn	flett dan Dist ainn ment arati	Bigit gigit iggt
3217 N.E. 9TH 3 POMPANO BEA	· · · · · · · · · · · · · · · · · · ·		DO NOT WE	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualife		
		Ÿ		11/20/1981		1
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	A	pplied For
21	·	26		59-2147495		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.		5Certifcate of Status Desired		Additional equired
<u> 22 - 70-15</u>		27 - 70 (5-NW-5 City & State	NA-C			
City & State	a raton; FL	28 Bo (a Rator		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	7 25 USA	H	Country	This corporation owes the cu     Personal Property Tax.	rrent year intangible XYes	□No
24 <u>3348</u>	9. Name and Address of Current		מכט	10. Name and Address of New		
	3. Name and Address of Current	registered Agent	81 Name			
GULI	DIKEN, NEDIM		00 00 00	Address (D.O. Des Niverbor in Not Appen	otoble)	
	NE 9 ST		82 Street A	Address (P.O. Box Number is Not Acceptable)		
POM	PAN BCH FL 33062		83	5 1000 5 11.0		
			24 05		es 7in	Code
	·		184 Boo	ra Raton	FL   85   33	รัษัธิ 7
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
	Signature, typed or printed name of registered agent a			equired when reinstating) ADDITIONS/CHANGES TO C	DATE	ORS IN 12
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO C	Change	Con Address T
TITLE	PC	_	1.2 NAME		A	
NAME	GULDIKEN, NEDIM 3217 N E 9 STREET		3 STREET ADDRESS	7015 NW 5 Are		000
STREET ADDRESS	POMPANO BEACH, FL 00000		1.3 STREET ADDRESS	Boca Raton, Fl	23487	
CITY-ST-ZIP TITLE	TD		2.1 TITLE	30 ( 32 )	Change	Addition
NAME	GULDIKEN, NEDIM	_	2 NAME		•	
STREET ADDRESS	3217 N E 9 STREET		3 STREET ADDRESS	7015 NW 5 AV	ve.	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		4 Crty ST-ZIP	-Borca-Ra-ton-Fi	33U87	
TITLE	VSD		3.1 TITLE		Change	☐ Addition
NAME	KROHE, FRANCES	3	3.2 NAME	<b>.</b> .	_	
STREET ADDRESS	3217 N E 9 STREET	3	3.3 STREET ADDRESS	7015 NW 5 AV	- A	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	3	B.4. CITY-ST-ZIP	Bora Raton, FL		
TITLE		☐ DELETE 4	L1 TITLE		Change	☐ Addition
NAME		4	I, 2 NAME			}
STREET ADDRESS		4	.3 STREET ADDRESS			-
CITY-ST-ZIP			I.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change	Addition \
NAME			5.2 NAME			Ì
STREET ADDRESS			5.3 STREET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP	· -		C Addition
TITLE			S.1 TITLE		☐ Change	Addition
NAME			3.2 NAME	•		
STREET ABDRESS	-		3.3 STREET ADDRESS			1
CITY_ST_7ID		■ €	3.4 CITY-ST-ZIP			I

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.