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 # F93782

1. Corporation Name

CALDWELL ENTERPRISES INTERNATIONAL, INC.

Principal Place	of Business	Mailing Address						, 2,0,, 4,0,,
% HENRY S. CALDWELL								
242 RIVER WALK DR. 242 RIVER WALK DR.						DO NOT WRITE IN	THIS SPACE	
MELBOURNE BEACH FL 32951-3113 MELBOURNE BEACH FL 32				3 51-3113		3. Date Incorporated or Qualifed	11110 01 7102	
						08/09/1982		· ·
2 Drivers I Di	and of Business	2a. Mailing Address	<u> </u>			4. FEI Number		Applied For
<u>├─</u> ; · · · · · · · · · · · · · · · · · · ·						59-2220837	⊢	Not Applicable
Suite, Apt.	# ota	Suite Ant # etc	Suite, Apt. #, etc.					Additional
—— · · ·	#, etc.	27	-			5. Certifcate of Status Desired	•	Required
22 City & State		City & State			~	==6=Election:Campaign:Financing	\$5.00	0:May Be
— ·		28				Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current ye	ar Intangible	
24	25	29	30			Personal Property Tax.	Ŭ Yes	□No
	9. Name and Address of Current		-T-T-	T		10. Name and Address of New Register	ered Agent	
				81	Name			1
CALI	DWELL, HENRY S.			-	<u> </u>	(D.O. D. M. sharla Mad Assertable)		
	RIVER WALK DR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MELI	BOURNE BEACH FL 32951			83				
							· · · · · · · · · · · · · · · · · · ·	
				84	City		FL 85 Zip	Code,
44 Queruant	to the provisions of Sections 607.0500	2 and 607 1508 Florida	Statutes the a	above	-named corpo	pration submits this statement for the numo	se of changing i	ts registered
office or re	egistered agent or both in the State (of Florida. Such change '	was authorize	od by i	ine corporatio	n's board of directors I hereby accept the	appointment as	registered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.050	5, Florida Sta	iutes.				Į
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Pasisters	d Anno	t cianatura reautirer	when reinstating) DA	TE	\
12.	OFFICERS ANI		13.	<u> </u>	ogradio (squise	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	DP	☐ DELE					Change	e
NAME :	CALDWELL, HENRY S		1.2 N	1.2 NAME				}
	242 RIVER WALK DR.		1		ADDRESS			
STREET ADDRESS	MELBOURNE BCH, FL 00000_			HY-ST				
CITY-ST-ZIP			TTLE	-211		· [] Chang	e Addition	
	_	<u></u>	1					1
NAME	CALDWELL, PATRICIA D			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	242 RIVER WALK DR.				- {			-
CITY-ST-ZIP	MELBOURNE BCH, FL 00000	☐ DELE		CITY-5	1-21		☐ Change	e Addition
TITLE			1	IAME				
NAME	- 18	,			. 4000000			ļ
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		□ DELE		CITY-S	T-ZIP		Change	e
TITLE								, <u> </u>
NAME			4	NAME				1
STREET ADDRESS			4.3 S	TREET	ADDRESS			[
CITY-ST-ZIP				HY-SI	r-ZIP		Clobana	
TITLE		☐ DELE		TILE			☐ Chang	e 🗌 Addition
NAME				IAME				Ì
STREET ADDRESS			5.3 9	TREET	ADDRESS			
CITY-ST-ZIP				OTY-ST	r-zip			
TITLE		☐ DELE	TE 6.11	TILE			☐ Change	e 🗍 Addition
NAME			6.2 N	IAME				
CTDEET ADDDESS			6.3 5	TREET	ADORESS			ł

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90092 050 ***150.00