## 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 # F9800006187

P.D.C. INNOVATIVE INDUSTRIES, INC.

Principal Place of Business
3701 N.W. 126 AVE.
CORPORATE PARK BAY 5
CODAL CODINGO EL COCCE

Mailing Address

3701 N.W. 126 AVE.

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90010 006 \*\*\*150.00



	CORPORATE PARK BAY 5 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065								г	OO NOT WRI	TF IN TH	S SPA	DE .	
		•					Í	3.	Date Incorporate					
									11/09/1998					
2. Principal Pl	lace of Business	2a.	Mailing Add	dress				4.	FEI Number				<del></del>	olied For
21		26							<del>65-080735</del> 3	65-07	8438			Applicable
Suite, Apt.	#, etc.	$\vdash$	Suite, Apt.	#, etc.			İ	5.	Certifcate of Stat	us Desired			5.75 A Fee Re	dditional
City & State		27)	City & Stat					<u> </u>						<del></del>
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Zip	Country	20	Zip		Country	,			This corporation		ont was I			3 - 662
24	25	29		30				8.	Personal Propert		ent year i	Y		□No
	9. Name and Address of Curre		tered Agen		1			10.	Name and Addr	·	Registere	d Agen	t	
		-117			81		Name							
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	N.W, 126 AVE.		]				Sileet Addres	55 (F	O, Box Number 1	s Not Accept				
COR	IAL SPRINGS FL 33065				83	Γ			<del></del>					
					84	╀	City					. 85	Zip C	'ode
						l	•				F.	L   -	'	
11, Pursuant t	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 60	07.1508, Flo	rida Statutes,	the above	e-r	named corporation	ation 's bo	n submits this state	ement for the	purpose of	of chang	jing its t as rec	registered
	m familiar with, and accept the obliga										-vivo app			,
SIGNATURE	Lashart	<u> </u>	4156											
	Stgnature, typed or printed name of registered age OFFICERS AI			(NOTE: Re		nt s	signature required w			ICER TO OF	DATE	ND DIE	ECTO	DC IN 12
12	CPST	ND DINE		DELETE	13.				ADDITIONS/CHAN	IGES TO OF	FICERS F		hange	Addition
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NAME	SOWERS, VERNON LEROY				2.2 NAME		ļ							{
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NAME	SOWERS, DAVID A			ı	3.2 NAME									
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (11/98)