Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90028 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT -CORPÖRATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| | | | | | - | | | |
|---|--|-------------------------------------|-----------------|---|---|------------------------|------------------|--|
| DOCUMENT # G78689 1. Corporation Name | | | | | | | | |
| RANDIX ENTERPRISES, INC. | | | | | | | | |
| | | | | | | | | a ii ai a i (aai a i a i (aa) |
| Principal Place of Business Mailing Address | | | | | | OI (8146 Ebti ordii ol | BIT BIEN GIBIT B | (E)(018() (80) |
| 2403 N. DIXIE H | | 5381 SW 8TH ST. | 5381 SW 8TH ST. | | | | | |
| WILTON MANORS FL 33305 | | PLANTATION FL 33317 | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 01/16/1984 | | | |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | | | olied For | |
| | Sw 8th St. | 26 | | 59-2373637 Not Appli | | Applicable | | |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired Fee Required. | | | | |
| City & State | | City & State | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 Plantation, FL 28 | | | Country | | This corporation owes the current year Intangible | | | |
| Zip 24 33317 | | | _ ` | | Personal Property Tax. | | | |
| 9. Name and Address of Current Registered Agent | | - | | 10. Name and Address of New Registered Agent | | | | |
| | | | 81 | Name | | | | |
| RANSOM, WILLIAM E. | | | 82 | Street Addre | ess (P.O. Box Number is Not Acc | eptable) | | _ |
| 5381 S.W. 8TH ST. | | | | | | | | |
| PLAN | ITATION FL 33317 | | 83 | | | | | |
| | | | 84 | City | FL 85 Zip Code | | | |
| 11 Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statutes | the above | -named corpo | oration submits this statement for | the nuroose of | changing its | registered |
| office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida, Such change was auti | honzed by I | tne comoratio | on's board of directors. I hereby a | ccept the appoi | ntment as req | jistered |
| _ | II lanimai with, and accept the oblige | allorid bi, Godian bornobor, Florid | | | * | • | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | t signature required | | DATE | | DO 111 40 |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO | OFFICERS AN | ☐ Change | RS IN 12 |
| TITLE | PANCON WILLIAM E | | 1.1 TITLE | | ; | • | Gridinge | |
| NAME | RANSOM, WILLIAM E. | | 1.3 STREET | ADDRESS | | | | |
| STREET ADDRESS | 5381 SW 8TH ST. PLANTATION FL 33317 | | 1.4 CITY-ST | ŀ | | | | |
| CITY-ST-ZIP | | | 2.1 TITLE | - 211 | | | Change | Addition |
| NAME | | | 2.2 NAME | İ | | | | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | PLANTATION FL 33317 | | 2. 4 CITY-S | T- ZIP | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change | ☐ Addition |
| NAME | | 3.21 | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | T-ZIP | | • | ☐ Change | ☐ Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ∟ Change | C) Addition |
| NAME | | | 4. 2 NAME | 4000000 | | | | l l |
| STREET ADDRESS | | | 4.3 STREET | | | | | |
| CITY-ST-ZIP | 77 | | 4.4 CITY-ST | 1-ZIP | <u> </u> | | Change | Addition |
| NAME | 52 | | 5.2 NAME | | | , | | |
| STREET ADDRESS | | • | 5.3 STREET | ADDRESS | | • | | |
| CITY-ST-ZIP | | | 5.4 CITY+ST | r-ZiP | * * * * | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | Change | Addition |

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS