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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # H08497



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90060 043 \*\*\*150.00

1. Corporation MYDOR	n Name INDUSTRIES,	INC.						 		<b>111</b> 11
Principal Place of Business Mailing Address								1 198:011 01:1 02:01 191:1 01010 101:1 12:01		#1#11 #1#11 1 <b>4</b> #1
601 SW 21ST T	TERR			SW 21ST TERR						
STE 6 STE 6 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312					•		DO NOT WRITE IN TH	IS SPACE		
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 US US							3. Date Incorporated or Qualifed			
1	,		• • •					06/14/1984		ļ
2. Principal Pl	lace of Business		2a.	Mailing Address				4. FEI Number	A	pplied For
21			26	-				59-2421128	No.	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		
City & State.			City & State				<u> </u>	6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees		
Zip	Cc	ountry	28	Zip		Country		This corporation owes the current year		
<b>⊢</b> − '	25	odina y	29	2	30	,		Personal Property Tax.	Ves	□No
24		ddress of Current		tered Agent		$\neg \neg$		10. Name and Address of New Registere	ed Agent	
						81	Name			1
	HINSKY, GLENN ) n federal hv					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	<del></del>	
•	A RATON FL 334		-			83			•	
}						84	City	F	85 Zip	Code
11 Durauant	to the provisions of	Sections 607 0502	and 60	07 1508 Florida S	tatutes the	e above	e-named come	oration submits this statement for the purpose	of changing its	s registered
office or n	renistered agent or	both in the State of	f Florid	la. Such change w	as authori	ized by '	the corporation	on's board of directors. I hereby accept the ap	pointment as re	egistered
agent. I a	ım familiar with, and	accept the obligation	ons of,	Section 607.0505	i, Florida S	Statutés.				
agent. I a	ım familiar with, and	accept the obligation	ons of,	Section 607.0505	, Florida S	statutes.	-			
agent. I a	ım familiar with, and	accept the obligation	and title i	Section 607.0505	NOTE: Regist	statutes.	-	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
agent. l a	Signature, typed or printed	accept the obligation	and title i	Section 607.0505	(NOTE: Regist	tered Agen	-	d when reinstating) DATE		ORS IN 12
agent. I all SIGNATURE	ım familiar with, and	name of registered agent a OFFICERS AND	and title i	f applicable.	(NOTE: Regist	tered Agen	-	d when reinstating) DATE	AND DIRECTO	Addition
agent. I a SIGNATURE  12.	Signature, typed or printed  ST  KAUFMAN, DOI	occept the obligation of registered agent a OFFICERS AND RIS H.	and title i	f applicable.	(NOTE: Regist	tered Agen  13.  1.1 TITLE	-	d when reinstating) DATE	AND DIRECTO	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed  ST  KAUFMAN, DOI	or of registered agent a OFFICERS AND RIS H.	and title i	f applicable.	(NOTE: Regist	tered Agen  13.  1.1 TITLE	at signature required	d when reinstating) DATE	AND DIRECTO	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	ST KAUFMAN, DOI 5252 DEERHUF	or of registered agent a OFFICERS AND RIS H.	and title i	f applicable.	(NOTE: Regist	tered Agen 13. 11 TITLE 12 NAME 13 STREET	at signature required	d when reinstating) DATE	AND DIRECTO	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	St KAUFMAN, DOI 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. AST CRESCENT FL	and title i	f applicable. (CTORS	(NOTE: Regist E 1. 1. 1. 1.	tered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	at signature required	d when reinstating) DATE	AND DIRECTO	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Strature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable. (CTORS	(NOTE: Regist  E 1  1.  1.  1.  2.  2.	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S1 21 TITLE	at signature required	d when reinstating) DATE	AND DIRECTO	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stgnature, typed or printed  ST  KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable.  CTORS  DELET	(NOTE: Regist  E 1 1 1 1 2 2 2	Interest Agen  13.  13 TITLE  12 NAME  13 STREET  14 CITY-S1  21 TITLE  22 NAME  23 STREET  24 CITY-S  24 CITY-S	ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO	☐ Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Strature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable. (CTORS	(NOTE: Regist 1	Itered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME 23 STREET 2.4 CITY-S 33 TITLE 33 TITLE 33 TITLE	ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO	
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable.  CTORS  DELET	(NOTE: Regist  (NOTE: Regist  1  1  1  2  2  2  2  3  3	tered Agen 13. 1 TITLE 12 NAME 13 STREET 14 CITY-SI 21 TITLE 22 NAME 22 NAME 23 STREET 24 CITY-S 31 TITLE 32 NAME	ADDRESS 1-ZIP ADDRESS 1-T-ZIP	d when reinstating) DATE	AND DIRECTO	☐ Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable.  CTORS  DELET	(NOTE: Regist 1	tered Agen 13. 1 TITLE 12 NAME 13 STREET 14 CITY-S1 12 NAME 12 NAME 13 STREET 14 CITY-S 14 TITLE 15 NAME 16 NAME 17 NAME 18 NAME 18 STREET 18 NAME 18 STREET	t signature required ADDRESS 1-ZIP ADDRESS T-ZIP T-ADDRESS	d when reinstating) DATE	AND DIRECTO	☐ Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable.  CTORS  DELET  DELET	(NOTE: Regist 1	tered Agen 13. 1 TITLE 2 NAME 3 STREET 4 CITY-S1 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 2 NAME 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET 3 STREET	t signature required ADDRESS 1-ZIP ADDRESS T-ZIP T-ADDRESS	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	f applicable.  CTORS  DELET	(NOTE: Regist  (NOTE: Regist  1  1  1  2  2  2  2  3  3  3  4	tered Agen 13. 1 TITLE 12 NAME 13 STREET 14 CITY-S1 12 NAME 12 NAME 13 STREET 14 CITY-S 14 TITLE 15 NAME 15 NAME 15 NAME 15 NAME 15 NAME 16 NAME 16 NAME 17 NAME 18 NA	t signature required ADDRESS 1-ZIP ADDRESS T-ZIP T-ADDRESS	d when reinstating) DATE	AND DIRECTO	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stynature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable.  CTORS  DELET  DELET	(NOTE: Regist  (NOTE: Regist  1 1 1 1 2 2 2 2 2 2 4 4 4	tered Agen 13. 1 TITLE 12 NAME 13 STREET 14 CITY-S1 12 TITLE 12 NAME 13 STREET 14 CITY-S 14 TITLE 15 NAME 16 STREET 16 CITY-S 16 TITLE 17 NAME 18 TITLE 18 NAME 18 TITLE 18 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Stynature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable.  CTORS  DELET  DELET	(NOTE: Regist  (NOTE: Regist  1 1 1 1 2 2 2 2 2 4 4 4 4	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S 12 NAME 13 STREET 14 CITY-S 13 TITLE 14 CITY-S 15 TITLE 15 NAME 16 TITLE 16 NAME 17 NAME 18 TITLE 18 NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stynature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF BOCA RATON	accept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable. (CTORS DELET	(NOTE: Regist  (NOTE: Regist  1 1 1 1 2 2 2 2 E 3 3 3 3 4 4 4 4	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S 13 TITLE 12 NAME 13 STREET 14 CITY-S 14 CITY-S 15 TITLE 16 NAME 17 NAME 18 TITLE 18 NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stynature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable.  CTORS  DELET  DELET	E 1	tered Agen  13. 15 TITLE 12 NAME 13 STREET 14 CITY-S1 15 TITLE 12 NAME 13 STREET 14 CITY-S 15 TITLE 15 NAME 16 STREET 16 CITY-S 16 TITLE 17 NAME 18 STREET 18 CITY-S 18 TITLE 18 NAME 18 STREET 18 CITY-S 18 TITLE 18 NAME 18 STREET 18 CITY-S 18 TITLE	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SIgnature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable. (CTORS DELET	(NOTE: Regist  (NOTE: Regist  1 1 1 1 2 2 2 2 2 2 4 4 4 4 5 5	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S1 14 CITY-S1 15 TITLE 12 NAME 13 STREET 14 CITY-S 15 TITLE 15 NAME 16 TITLE 17 NAME 18 TITLE 18 NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIgnature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable. (CTORS DELET	(NOTE: Regist  (NOTE: Regist  1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S1 14 CITY-S1 15 TITLE 12 NAME 13 STREET 14 CITY-S 15 TITLE 15 NAME 16 TITLE 17 NAME 18 TITLE 18 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIgnature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Fapplicable. (CTORS DELET	(NOTE: Regist  (NOTE: Regist  1 1 1 1 1 2 2 2 2 2 2 4 4 4 4 5 5 5	lered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S 12 NAME 13 STREET 14 CITY-S 13 TITLE 14 CITY-S 15 TITLE 16 NAME 17 NAME 18 NAME 18 STREET 18 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change	Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SIgnature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STL 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Gection 607.0905  f applicable.  CTORS  DELET  DELET  DELET	(NOTE: Regist  E  1  1  1  E  2  2  2  2  E  3  3  3  3  E  4  4  4  5  5  6	tered Agen 13. 13 TITLE 12 NAME 13 STREET 14 CITY-S 12 NAME 13 STREET 14 CITY-S 13 TITLE 14 CITY-S 15 TITLE 15 NAME 16 TITLE 17 NAME 18 TITLE 18 1	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change Change	Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIgnature, typed or printed ST KAUFMAN, DOI 5252 DEERHUF BOCA RATON PD KAUFMAN, STU 5252 DEERHUF BOCA RATON	occept the obligation of registered agent a OFFICERS AND RIS H. RIST CRESCENT FL.  JART A. RIST CRESCENT	and title i	Gection 607.0905  f applicable.  CTORS  DELET  DELET  DELET	(NOTE: Regist  (NOTE: Regist  1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	lered Agen 13. 1 TITLE 12 NAME 13 STREET 14 CITY-S 12 NAME 13 STREET 14 CITY-S 13 TITLE 14 CITY-S 15 TITLE 15 NAME 16 STREET 16 CITY-S 16 TITLE 17 NAME 18 STREET 18 CITY-S 18 TITLE 18 STREET 1	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) DATE	AND DIRECTO Change Change Change	Addition Addition Addition

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 suppliemental 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: