PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H83248**

1. Corporation Name

NEW DIRECTIONS INTERNATIONAL, INC.

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Principal Place of Business Mailing Address																	
277 BAYSHORE DRIVE. SUITE 706							6.					DO NOT W	31TC IN TUI	e edac	`E		
											-		Date Incorporated or Qualife		3 SFAC		
											-	1	10/28/1985				
	lace of Business	2a	. Mai	iling	Addres	S	4 - 0				4		FEI Number			Apr	olied For
21 3055	HARBOR DRIVE	26	3	05	511	MA	DR	DK	IVE			_5	59-2095034				Applicable
Suite, Apt.	#, etc.	27			pt. #, e						5	j, C	Certifcate of Status Desired		7	1.75 A	dditional quired
City & Stat		28	City	185	tate AU		DAL	E, I	4		6		Election Campaign Financin Trust Fund Contribution	g 🗆		5.00 (May Be o Fees
Zip 24 333	Country	29	Zip		33 W			ountry USI			8		This corporation owes the co Personal Property Tax.	ırrent year l	ntangibl	e es	No
2-1 000	9. Name and Address of Current		stered	d Ag	ent		11				10), N	Name and Address of Nev	Registere	d Agent		
SIEG	EL, D H							81	Nam								
777	BAYSHORE DRIVE, SUITE 706-							82	Stree	30 30	dress (255		O Box Number is Not Acce HARBOR DEIV	(apie)			
FOR	T-LAUDERDALE-FL-88804							83			SU	10	TE 1603				
	. 0		1					84	Silv C	per	·LA	4	ELDALE	F		33	316
11. Pursuant office or ragent. I a	to the provisions of Sections 607, 9502 egistered agent, or both, if the State o m familiar with, and be get the obligati	and of f Flori ons	567.15 9a. S , Sec	508, uch tion	Florida change 607.05	Statu was a 05, Flo	tes, the authori orida S	e above zed by tatutes	e-name the cor	ed co rpora	rporati tion's l	on s boa	submits this statement for the ard of directors. I hereby acc	ne purpose open the app	of chang ointmen	jing its t as rec	registered gistered
SIGNATURE	MASU		if appli	PK	ES.	(NOT	E. Ragiete	ered Ager	nt signatur	e redu	red wher	n rein	instaturo)	5-4	-99		
12.	Signature, typed of printed name of registered agent OFFICERS AND					(11011	_ <u>-</u> -	13.	n orginatur				DDITIONS/CHANGES TO	OFFICERS A	AND DJF	RECTO	RS IN 12
TITLE	V				☐ DEL	ETE.	_	1 TITLE								hange	Additio
NAME	SIEGEL. MARIA S						1	2 NAME									
STREET ADDRESS	777 BAYSHORE DRIVE STE 700	_					1	3 STREE	T ADDRES	s ¿	305	5	HARBOL DRIVE, LAUDERDALE, F	STE.16	603		
CITY-ST-ZIP	FORT-LAUDERDALE FL 93304						1.	4 CITY-S	T-ZIP		100	ŕ	HAUDERDALE 'F	L 33	316		
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NAME	SIEGEL, DAVID H						2.	2 NAME							•		
STREET ADDRESS	777 BAYSHORE DR., STE 706						2.	3 STREE	T ADORES	ss 3	05	5/	HARBOR DRIVE, HAUDEDDAFE, FI	STE-16	03		
CITY-ST-ZIP	FT-LAUDERDALE FL						2.	4 CITY-5	ST-ZIP	F	DET	_/	HANDEDDAKE F	<u> 4 333</u>	16		
TITLE					□ DEL	ETE	3.	1 TITLE		T					′ □ □	hange	Additio

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 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 of the receiver or trustee empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE 32 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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Jun 09, 1999 8:00 am

Secretary of State

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