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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91318

FEDWELL, INC.

Moiling Addron

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90079 049 ***150.00



| | e of Business | Mailing Address | | | | |
|---|---|---|--|--|--------------------------------|----------------------------|
| 5055 OAKHILL LANE #214 DELRAY BEACH FL 33484 | | C/O P. FRIEDLAND 1499 W. PALMETTO PARK R BOCA RATON FL 33486 | D SUITE 416 | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualifed | | |
| | | | | 12/23/1985 | | -Und For |
| 2. Principal Place of Business | | 2a. Mailing Address | JB Avenue | 4. FEI Number | <u> </u> | plied For Applicable |
| 21 | | 26 253 50 | 0 - WASHING | 59-2612715 | \$8.75 A | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Rec | |
| City & State | | 27 Sib. 8 State | | | | · |
| City & State | | City & State | 1 h . F. | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 | 0 | | Seach to. | Trust Fund Contribution | | 0 rees |
| Zip | Country | Zip 3344 | ¬ | 8. This corporation owes the current year | | ⊠ No |
| 24 | 25 | 1 | 10 KALLINGTON | Personal Property Tax. 10. Name and Address of New Register | | 241 0 |
| | 9. Name and Address of | Current Registered Agent | 81 Name | 10. Name and Address of the Rogiston | rou rigent | |
| FRIEDLAND, PHILIP H CPA | | | | | | |
| | | | | ess (P.O. Box Number is Not Arcentable) | | |
| 1499 W. PALMETTO PK. RD. Suite 416 | | | | 1235-25E 25-71 | renue. | |
| | | | 83 | | | |
| BOC | A RATON FL 33486 | • | 84 City Del | vay Beach | FL 85 Zip C | ode 483 |
| 11. Pursuant | to the provisions of Sections 6 | 07.0502 and 607.1508, Florida Statutes | s, the above-named corp | oration submits this statement for the purpose | e of changing its | registered |
| office or re agent. I ar | egistered agent, or both, in the m familiar with, and accept the | e State of Florida. Such change was aut e obligations of, Section 607,0505, Florid | thorized by the corporation da Statutes. | on's board of directors. I hereby accept the ap | ppointment as reg | gisterea |
| SIGNATURE | mup | m | Registered Agent signature required | // | 777 | |
| | | tered agent and title if applicable. (NOTE: | 13. | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTO | RS IN 12 |
| 12. | Q#FICE | | 13. | ADDITIONS/CHANGES TO STITISEING | 3741B BITTEOTO | 100 170 70 |
| | l n | ✓ □ DELETE | 11 TITLE | | Change | Addition |
| 1 | P OSVIE OTATEON | DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | COYLE, STATES W. | DELETE | 1.2 NAME | | Change | ☐ Addition |
| NAME STREET ADDRESS | COYLE, STATES W. 405 114TH AVE. S.E. | □ DELETE | 1.2 NAME 1.3 STREET ADDRESS | | · Change | ☐ Addition |
| NAME STREET ADORESS CITY-ST-ZIP | COYLE, STATES W. | ·/ | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | COYLE, STATES W. 405 114TH AVE. S.E. | □ DELETE | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change | Addition |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OFF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-394-7447 Deytine Phone # 2E034 (11/98)