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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90154 035 ***158.75

1999

DOCUMENT # H99160

1. Corporation Name
CORPORATION

300TH ILLD FAMING COM ON	·					
Principal Place of Business	Mailing Address	**	I (BBIBA) DING (BING)BID HERD SHALL BELL BIBIT			
500 Australian ave S 110 West Palm Beach Fl 33401	500 Australian ave s 110 . West Palm Beach Fl 33401		DO NOT WRITE IN THIS SPACE			
US .	US		 Date Incorporated or Qualifed 02/13/1986 			
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For		
21	26		65-0007561	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· -	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip 30	Country	This corporation owes the current year Personal Property Tax.	r Intangible □ Yes □ No		
9. Name and Address of Current Registered Agent			10, Name and Address of New Register	red Agent		
DUDE, HARALD 500 AUSTRALIAN AVE S SUITE 110		81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33401				Carl at A and		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

ago a.							
SIGNATURE	Signature, typed or printed name of registered agent and title if a	oplicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition	
NAME	DUDE, HAROLD		1.2 NAME			l	
STREET ADDRESS	6585 DILLMAN ROAD		1.3 STREET ADDRESS	•			
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME	DUDE, HAROLD		2.2 NAME				
STREET ADDRESS	6585 DILLMAN RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL	-	2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	·	Change	☐ Addition	
NAME			3.2 NAME		•)	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	:		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·			
TITLE		☐ DELETE	, 5.1 TITLE		☐ Change	☐ Addition (
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP				
TITLE	•	☐ DELETE	6.1 TITLE		Change	Addition	
NAME	t		6.2 NAME			1	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 of trustee employeed 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 attachnym with an advance, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 561 8334433

CR2F034 (11/98)

85 Zip Code