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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90099 034 ***150.00

1. Corporation	MENT # J27901 IGDON, INC.									
Principal Place	of Business	Mailing Address				1 1461116 4		46:81 1181 41811	#1#11 #1#11 #1#11 #	
627 S ANDREWS AVE 627 S ANDREWS AVE										
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301							BO 110T 11	DOTE IN THE	0.00405	
								VRITE IN THIS	SSPACE	_ }
						 Date Incorpo 08/06/198 		ed	, ,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				plied For
21		26				59-270947	7			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired	1 🗆	\$8.75	1
27									Fee Re	<u> </u>
City & State	е	City & State				Election Cam		^{ng} □	\$5.00	• •
23		28				Trust Fund C	ontribution		Added t	o Fees
Zip	Country	Zip	Country			This corporat		current year Ir		
24	25	29 3	0			Personal Pro			Z Yes	□No
	9. Name and Address of Curren	ıt Registered Agent				0. Name and A	ddress of Ne	w Registered	l Agent	
1.444	ODON EDD M		81	Name	•					
LANGDON, EDD M.				Street	t Address	(P.O. Box Num!	er is Not Acce	eptable)		
417 SW 25 TERRACE										
FT. LAUDERDALE FL 33312			83							
			84	City			15-7		85 Zip (Code
								Fi	L	
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	horized by la Statutes	the corpo	poration's	board of directo	statement for trist. I hereby ac	the purpose occept the appo	or changing its pintment as re	registered gistered
	Signature, typed or printed name of registered ager		egistered Agen	t signature r	required whe	ADDITIONS/C	LIANCES TO		ND DIDECTO	DC IN 12
12.	OFFICERS AND DIRECTORS 13.		1,1 TITLE		T	ADDITIONS/C	HANGES TO	OFFICERS A	Change	Addition
TITLE	PTD	□ pece ie	i							
NAME	3 11 43 5 11, 255		1.2 NAME							}
STREET ADDRESS	417 SW 25 TERR			ADDRESS	5					i
CITY-ST-ZIP			1.4 CITY-ST-ZIP						K1 Change	Addition
TITLE	VSD	☐ DELETE	2.1 TITLE		1			•	Change Change	□ Addition
NAME	LANGDON, SELMA		2.2 NAME				777 E	04		
STREET ADDRESS	417 SW 25 TERR		2.3 STREET	ADDRESS	s 539	00 5.00		37·		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		2. 4 CITY-S	T-ZIP	Pa	oo s.w.	_ 353	917	<u> </u>	
TITLE	D	☐ DELETE	3.1 TITLE						☐ Change	☐ Addition
NAME	MOLZEN, ERIC		3.2 NAME							
STREET ADDRESS	3101 SW 144 TERRACE		3.3 STREET	ADDRESS	s			•		
CITY-ST-ZIP	DAVIE FL		3.4. CITY-S	T-ZIP						
TITLE		DELETE	4.1 TITLE						Change	Addition
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS	s					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS	s					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		,				
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS	s					
STREET ADDRESS					1					

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.

SIGNATURE: Soma E. Dangdon Selma E. Langdon Signing Officer or Director