FILE NOW: 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**

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90120 044 ***150.00

DOCUMENT #	.145905
1 Corporation Name	07000

TEPPERWEDGE, INC.

	· · · · · · · · · · · · · · · · · · ·								
Principal Place of Business Mailing Address						† 1961)(\$. 01)1 81001 \$.11(8.10)11 99101 \$.11(0.10)1 \$.11	/F)		
240 NE 158TH ST MIAMI FL 33162		240 NE 158TH ST MIAMI FL 33162		DO NOT WRITE IN THIS S	SPACE				
US	•	US		-		3. Date Incorporated or Qualifed			
						12/05/1986			-
2. Principal Pl	Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	1
21		26				59-2770936	N	ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_		\$8.75 Additional		
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be		
23	28					Trust Fund Contribution	Added	to Fees	
Zip 24	Country 25	Zip 29	Zip Country		_	This corporation owes the current year Inta Personal Property Tax.	current year Intangible		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered A	gent		1
	***************************************			81	Name				1
	TEPPERBERG			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			1
	NE 158TH ST								1
MAIM	/II FL 33162			83					
				84	City	FL	85 Zip	Code	1
44 6	A	2 and CO7 1509 Florida State	tos the s	100140	named co	rporation submits this statement for the purpose of c	hanging it	s registered	┧
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by ti	he corpora	ation's board of directors. I hereby accept the appoint	ment as n	egistered	
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, FI	orida Stat	utes.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if annicable (NOT	F: Registeror	1 Acent	signatura regu	ired when reinstating) DATE	_		١,
12.		ID DIRECTORS	13.	rigon		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1,1 TI	TLE			Change	Addition	1:
NAME	TEPPERBERG, RUTH		1.2 N	AME					1;
STREET ADDRESS	240 N.E. 158TH STREET		1.3 \$	TREET	ADDRESS				}
CITY-ST-ZIP	MIAMI FL 33162		1.4 C	ITY-ST-	ZIP] 8
TITLE	VP	☐ DELETE	2.1 Ti				☐ Change	☐ Addition	1
NAME .	TEPPERBERG, MARK		2.2 N	AME					
STREET ADDRESS	240 N.E. 158TH STREET		2.3 S	TREET A	ADDRESS	'			
CITY-ST-ZIP	MIAMI FL 33162		2.40	TY-ST	-ZIP				}
TITLE	ST	. DELETE	3.1 TI				Change	Addition	
NAME	PAULA BRUGGISSIER		3.2 N	AME					
STREET ADDRESS	240 NE 158TH ST		3.3 S	TREET	ADDRESS				1
CITY+ST-ZIP	MIAMI FL 33162		3.4. 0	CITY-ST	- ZIP				
TITLE		☐ DELETE	4.1 TI	TLE			☐ Change	Addition	
			4.21	IAME :::					-
STREET ADDRESS		The state of the s	4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	·		4.4 C	ITY-ST-	-ZIP	· · · · · · · · · · · · · · · · · · ·]
TITLE		☐ DELETE	5.1 TI		}_		☐ Change	☐ Addition	1
NAME			5.2 N	AME					1
STREET ADDRESS	ر بره مو د کار کار د ده ا مار د مو د کار		5.3 S	TREET	ADDRESS	Same and the same			
CITY-ST-ZIP		·		1TY-ST-	-ZIP				1
TITLE .		☐ DELETE	6.1 1		ĺ		☐ Change	Addition	
NAME	,		6.2 N						1
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP			6.4 C	ITY-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 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: