

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

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90023 010 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J92223

1. Corporation Name

SUSAN FLIEDNER OTR, INC.

Principal Place of Business

% SUSAN FLIEDNER
11960 SOUTH AVIARY DRIVE
COPPER CITY FL 33026

Mailing Address

% SUSAN FLIEDNER
11960 SOUTH AVIARY DRIVE
COPPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1987

4. FEI Number

59-2822246

Applied For

Not Applicable

5. Certificate of Status Desired

☐ No

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ No

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FLIEDNER, SUSAN
11960 S. AVIARY DRIVE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

SIGNATURE

Susan Fliedner / Susan Fliedner

(NOTE: Registered Agent signature required when reinstating)

1/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLIEDNER, SUSAN
11960 SOUTH AVIARY DR.
COOPER CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD
GERALD FLIEDNER
11960 S. AVIARY DR.
COOPER CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

DATE

954 436 9515

Daytime Phone #

CR2E034 (1/98)