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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

JAMES A. PARDEE ACCOUNTING, INC.

**FILED** Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 10010111 660 11101 01113 00140 01110		il 01014 01044 010	10
7991-A JOHNSON STREET 7891-A JOHNSON STREE PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualified 09/16/1988			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ar	plied For
21	26				65-0071269			ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	θ	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	May Be to Fees
Zip	Country	Zıp		Country		8. This corporation owes or has p			
24	25] 29 30		30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				_l No	
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New A	agistered .	Agent	
PARDEE, JAMES A., SR. 7991-A JOHNSON STREET				81			<del></del>	·····	
PEMBROKE PINES FL 34216			L	82	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
			1	83					
			Ī	84	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-	named corpo	ration submits this statement for the n's board of directors. I hereby acce			s registered
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obli	e of Florida. Such change was a gations of, Section 607.0505, Flo	authorized orida Stati	ites.	the corporatio	n's board of directors. I hereby acce	pt the app	ointment as	registerea
SIGNATURE	Signature typed or printed name of registered a	gont and title if applicable (NOI	E: Registered	Agen	t signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		IS IN 12
TITLE			1.1 1(1	1.1 TITLE				Change	Addition
NAME	PARDEE, JAMES A., SR. 7991-A JOHNSON STREET		1.2 NA						
STREET ADDRESS	PEMBROKE PINES FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		!				
CITY-ST-ZIP TITLE	DS DS	☐ DELETE	1.4 CIT		- ZIP			Change	Addition
NAME	DADDEE CUTADETH A			2.2 NAME				- Cuango	
STREET ADDRESS	7991 A JOHNSON ST.		2.3 STREET ADDS		ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP						
TITLE			3.1 TIT	3.1 TITLE				Change	Addition
NAME	PARDEE, JAMES A., JR.		3.2 NA	3.2 NAME				•	
STREET ADDRESS	DEMODOVE DIMES EI		3.3 STF	REET A	ADDRESS				
CITY-ST-ZIP	PEMBRUNE PINES PL	- Defere	3 4. CI		- ZIP			Ohenen	Addition
TITLE		☐ DELETE	4.1 THT					L Change	☐ Addition
NAME CTRECT ADDRESS			4. 2 NAME		ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.3 STREE						
TITLE		☐ DELETE	5.1 TITI		- 211			Change	Addition
NAME		<del></del>	5.2 NAME					•	
STREET ADDRESS			5.3 STREET		address				
CITY-ST-ZIP			5.4 CITY-1						
TITLE		DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAI	ME					
STREET ADORESS			6.3 STF	REET A	DDRESS				
CITY-ST-ZIP			6.4 CIT	Y - 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 supplied ental 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 of an attachment with an address.