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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K57922

 Corporation 	Name						1			
MIRODO	n group, inc.									
							1 18 8 18 18 18 18 18 18 18 18 18 18 18			4 1 1 11
Principal Place of Business Mailing Address										
2556 SHOREWOOD LANE THE MIRODON GROUP. INC										
P.O. BOX 1171 P.O. BOX 1171 LAND O LAKES FL 34639 LAND O LAKES FL 34639							DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
							01/12/1989			
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number		App	fied For
21		26					59-2927425			Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Ad	
22		27							Fee Req	
⊢ ¬ '	guardan sa an	h '	State ——	يد ، دپيتنب			6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	, ,
Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Countr	v -		8. This corporation owes the curre	ent vear Int		1000
24	25	29	30	_	,		Personal Property Tax.	nn your na	∐ Yes)	X (No
	9. Name and Address of Current						10. Name and Address of New R	egistered		
				81	1	Name				
ROGER J. KASOUF JR.					2	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
2556 SHOREWOOD LANE						+				
LAND O'LAKES FL 34639					3					
•					+	City	-		85 Zip C	ode
	4.44						4.5	FL	a l	- anistand
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 ar	m familiar with, and accept the obligat	ions of, Section	607.0505, Florida	a Statute	S.	•				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: Pa	nistered Are	ent e	signature required	when reinstating)	DATE		
12.	OFFICERS AN			13.		agrintare requires	ADDITIONS/CHANGES TO OF	ICERS AN	ID DIRECTOR	RS IN 12
TITLE	D	·	☐ DELETE	1.1 TITLE	-			•	☐ Change	Addition
NAME	KASOUF, ROGER J. JR.			1.2 NAME						
STREET ADDRESS	ESS P O BOX 1171, 2556 SHOREWOOD LANE 138			1.3 STRE	ET A	NODRESS				
CITY-ST-ZIP	LAND O'LAKES FL			1.4 CITY-	ST-	ZIP				
TITLE			☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME				2.2 NAME						ĺ
STREET ADDRESS				2.3 STRE	ETA	ADDRESS	•			
CITY-ST-ZIP				2.4 CITY-ST-ZIP				- Change-	Addition	
-TITLE		, .	DELETE -	3.1 TITLE					. ⊡ cliatige-	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STRE						
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY- 4.1 TITLE		-2114			Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STRE		ADDRESS				
CITY-ST-ZIP				4.4 CITY-						
TITLE			☐ DELETÉ	5.1 TITLE					Change	Addition
NAME			•	5.2 NAME						
STREET ADDRESS				5.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP	·			5.4 CITY-		ZIP			1 	
TITLE			☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME				6.2 NAME						

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 attaction with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813-996 6645