

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90116 048 ***150.00

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DOCUMENT # L06234

1. Corporation Name

AARDVARK OF FT. LAUDERDALE, INC.



Principal Place of Business

~~203 SE 1ST ST
P.O. BOX 24
FT. LAUDERDALE FL 33302~~

Mailing Address

~~P.O. 2448
P.O. BOX 24
FT. LAUDERDALE FL 33303
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

4. FEI Number

65-0138005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6405 S. HWY 17-92
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 320749
Suite, Apt. #, etc.

City & State

23 FERN PARK, FL

City & State

28 FERN PARK, FL

Zip

24 32730

Country

Zip

29 32730

Country

30 USA

9. Name and Address of Current Registered Agent

SOPER, HORT A
~~203 S E FIRST ST
SUITE 900
FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name

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

83 6405 S. HWY 17-92

84 FERN PARK

FL

85 Zip Code
32730

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME SOPER, HORT, A
STREET ADDRESS 203 SE 1ST ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE SD
NAME KARCZEWSKI, FRANK
STREET ADDRESS 203 SE 1ST ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6405 S. HWY 17-92
1.4 CITY-ST-ZIP FERN PARK, FL 32730

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 6405 S. HWY 17-92
2.4 CITY-ST-ZIP FERN PARK, FL 32730

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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: Frank Karczewski FRANK KARCZEWSKI 2/3/99 407-339-6221 X101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)