PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L32562

1. Corporation Name

LINDCO ENTERPRISES, INC.

2111000	LIVILIA MOLO, NO.				
Principal Place	e of Business	Mailing Address		4 TORNIĞIY DOM TILLIN TERME METAN DETEN ETDEK MEMIT ÖLÜLE GERLE ÜLÜRI ÖLÜLE	1821
%-FRANK-COR		-%-FRANK CORDI			
261 S. CENTRAL AVE. 261 S. CENTRAL AVE.					
OVIEDO FL 32765 OVIEDO FL 32765				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	[
				11/27/1989	
	lace of Business	2a. Mailing Address 26 261 S Centr	al Ani	4. FEI Number	
	S, Central ave			59-3256033 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	1
22		27			
City & Stat		City & State 28 Ovedo , F1		6. Election Campaign Financing 55.00 May B Trust Fund Contribution Added to Fees	
23	Country Country	Zip Zip	Country		<u>'</u> —
Zip			¬ `	8. This corporation owes the current year Intangible Personal Property Tax.	
24 327	9. Name and Address of Curren		U (L.3.1	10. Name and Address of New Registered Agent	
<u> </u>	5. Name and Address of Curren	t itegistered Agent	81 Name	1	\neg
CORDL FRANK				Karen J. Nelson	
	WOODVALLEY WAY		82 Street Ad	ddress (P.O. Box Number is Not Acceptable) L Augusta National Blvd.	1
ORLANDO FL 32825			83	6 Augusta National Dia.	
01112			" Win	ter Springs Fl	
			84 City	El 85 Zip Code	8
·		5 1007 4500 Florid Otto	45 25 20 20 20 20 20		
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, of 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 a	m familiar with, and accept the obligat	tions of Section 607.0505, Florid	la Statutes.	1/1/00	
SIGNATURE	_ Yours	1/ kleen		uired when reinstating) 7/16/97	- (
12.	Signature, typed or printed name of registered agen	D DIRECTORS	tegistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	DP OF TOLKS AN	DELETE			Addition
NAME	CORDI, FRANK	~	1 2 NAME	Warn Nelson	
STREET ADDRESS	748 WOODVALLEY WAY		1.3 STREET ADDRESS	1276 Augusta Nat'l Blid	ĺ
	ORLANDO FL 32825		1.4 CITY-ST-ZIP	1376 Augusta Nat'l Blid Winter Springs, F1 32708	
CITY-ST-ZIP TITLE	DV	DELETE	2.1 TITLE	Change D	Addition
NAME	CORDI, MICHELE	J	2.2 NAME	- , -	,
	748 WOODVALLEY WAY		2.3 STREET ADDRESS	, ,	J
STREET ADDRESS	ORLANDO FL 32825		1		}
C/TY-ST-Z/P	ORLANDO PL 32023	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE			3.2 NAME*		- \
]			3.3 STREET ADDRESS		ļ
STREET ADDRESS			1		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐	Addition
ſ		[] P#6515	4.2 NAME		
NAME	ŧ		h		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	. 4.4 C/TY-ST-Z/P	Change	Addition
TITLE		□ DELETE	5.1 TITLE . 5.2 NAME	ر کی در اول کی د	
NAME	A CONTRACTOR OF THE CONTRACTOR		5.3 STREET ADDRESS		Ì
STREET ADDRESS	<u> </u>		5.4 CITY-ST-ZIP		- {
CITY-ST-ZIP	ļ	DELETE	6.1 TITLE	Change	Addition
TITLE		- Acrese	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	į		■ 0.3 STREET ADDRESS (1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 048 ***150.00