## 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 #
1. Corporation Name

(7)

MEATO & DOODLICE INC

## **FILED** Apr 09 1998 8:00am Secretary of State

| MENTO & PRODUCE, INC.                         |   |                 |  |                                   |  |  |  |
|---|---|-----------------|--|-----------------------------------|--|--|--|
| Principal Place of Business Mailing Address   |   |                 | i destinen ber dibir destil Ebiat inter dibi britir albit destil bibir dibir dibir |                                   |  |  |  |
| 2473 NW 40TH AVE<br>LAUDERHILL FL 33313<br>US | 10895 STACEY LANE<br>BOCA RATON FL 33428      |                 | DO NOT WRITE IN THIS   | SPACE                             |  |  |  |
|   |   |                 | 3, Date Incorporated or Qualified 01/04/1990                                       |                                   |  |  |  |
| 2. Principal Place of Business                | 2a. Mailing Address                           |                 | 4. FEI Number  | Applied For                       |  |  |  |
| n   | 26  |                 | 65-0178777   | Not Applicable                    |  |  |  |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc.                           |                 | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |  |  |
| City & State                                  | City & State                                  |                 | 6. Election Campaign Financing Trust Fund Contribution                             | \$5.00 May Be<br>Added to Fees    |  |  |  |
| Zip Country                                   | Zip Cou                                       | untry           | This corporation owes or has paid the cur<br>Personal Property Tax due June 30.    | rent year Intengible Yes No       |  |  |  |
| g. Name and Address of C                      |   |                 | 10. Name and Address of New Registered   | Agent                             |  |  |  |
| QUITTNER, MARVIN                              |   | 81 Name         |  |                                   |  |  |  |
| 7501 N.W. 4TH STREET<br>SUITE 101             |   | 82 Street Addre | Street Address (P.O. Box Number is Not Acceptable)                                 |                                   |  |  |  |
| PLANTATION FL 33317                           |   | 83              |  |                                   |  |  |  |
|   |   | 84 City         | FL   | 85 Zip Code                       |  |  |  |
| 11. Pursuant to the provisions of Sections 60 | 7.0502 and 607.1508. Florida Statutes, the al | bove-named corp | poration 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, and accept the appointment as registered agent. Lam familiar with and accept the obligations of Socion 607.0505. Florida Statutes

|                | on the time of time of time of the time of time of time of time of the time of tim |                     |                                      |                       |                            |           |
|----------------|--|---------------------|--------------------------------------|-----------------------|----------------------------|-----------|
| SIGNATURE      | Signature, typed or printed name of registered agent as  | dittle diagone colo | TE: Registered Agent signature requi | red when reinstaling) | DATE                       |           |
| 12.            | OFFICERS AND DIRECTORS   |                     |                                      |                       | FICERS AND DIRECTORS IN 12 |           |
| TITLE          | PD   | DELETE              | 1.1 TITLE                            |                       | Change                     | Addition  |
| NAME           | CLARKE, LYNDEN   | -                   | 1.2 NAME                             |                       |                            |           |
| STREET ADDRESS | 10895 STACEY LANE  |                     | 1.3 STREET ADDRESS                   |                       |                            |           |
| CITY-ST-ZIP    | BOCA RATON FL  |                     | 1.4 CITY - ST - ZIP                  |                       |                            |           |
| TITLE          | STD  | DELETE              | 2.1 TITLE                            |                       | Change                     | Additio   |
| NAME           | CLARKE, SONIA  |                     | 2.2 NAME                             |                       |                            |           |
| STREET ADDRESS | 10895 STACEY LANE  |                     | 2 3 STREET ADDRESS                   |                       |                            |           |
| CITY-ST-ZIP    | BOCA RATON FL  |                     | 2.4 CITY+ST-ZIP                      |                       | A =:                       |           |
| TITLE          |  | DELETE              | 3.1 TITLE                            |                       | Change                     | Additio   |
| NAME           |  |                     | 3.2 NAME                             |                       |                            |           |
| STREET ADDRESS |  |                     | 3.3 STREET ADDRESS                   |                       |                            |           |
| CITY-ST-ZIP    |  |                     | 3.4 CITY-ST-ZIP                      |                       |                            |           |
| TITLE          |  | ☐ DELETE            | 4.1 TITLE                            |                       | ☐ Change                   | ☐ Additio |
| NAME           |  |                     | 4. 2 NAME                            |                       |                            |           |
| STREET ADDRESS |  |                     | 4.3 STREET ADDRESS                   |                       |                            |           |
| CITY-ST-ZIP    |  |                     | 4.4 CITY-ST-ZIP                      |                       |                            |           |
| TITLE          |  | DELETE              | 51 TITLE                             |                       | Change                     | Additio   |
| NAME           |  |                     | 5.2 NAME                             |                       |                            |           |
| STREET ADDRESS |  |                     | 5.3 STREET ADDRESS                   |                       |                            |           |
| CITY-ST-ZIP    |  |                     | 5.4 CITY - ST - ZIP                  |                       |                            |           |
| TITLE          |  | ☐ DELETE            | 6.1 TITLE                            |                       | ☐ Change                   | Additio   |
| NAME           |  |                     | 6.2 NAME                             |                       |                            |           |
| STREET ADDRESS |  |                     | 6.3 STREET ADDRESS                   |                       |                            |           |
| CITY+ST-2IP    |  |                     | 6.4 CITY - ST - 7IP                  |                       |                            |           |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SONIA CLIRRE