Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## 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

Po Box 550331

FT. LAUBENDALE.

Suite, Apt. #, etc.

City & State

## DOCUMENT # L76574

1. Corporation Name

Suite, Apt. #, etc.

City & State

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22

23

EDI WORLD, INC.

Mailing Address Principal Place of Business 2021 COOLIDGE ST. 2021-COOLIDGE ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 39020 2a. Mailing Address 2. Principal Place of Business

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## FILED Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90224 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/30/1990 4. FEI Number

65-0201401

Zip	Country	Zip	Country	8. This corporation owes the current year			
24	25	29 33355 30	vainors.	T TOTO THE T	Yes	□No	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIAL	ECCANDO DICUADO		81 Name				
D'ALESSANDRO, RICHARD			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
2021 COOLIDGE STREET							
HOLLYWOOD FL 33020		83					
			84 City		. 85 Zip	Code	
			04 City	· F			
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 gent, 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.							
- 3 -			eller A	2/9	199	J	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. / (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE	DPS	☐ DELETE	1,1 TITLE		Change	Addition	
NAME	D'ALESSANDRO, RICHARD		1.2 NAME	RO. BOX 550321			
STREET ADDRESS	2021 COOLIDGE ST.		1.3 STREET ADDRESS		•		
CITY-ST-ZIP	HO <del>LLYWOOD-F</del> L		1.4 CITY-ST-ZIP	FT. LAVOENDALE, FL 33355			
TITLE	T	☐ DELETE	2.1 TITLE	_	Change	☐ Addition	
NAME	D'ALESSANDRO, RICHARD		2.2 NAME	PD Box 550321			
STREET ADDRESS	<del>2021-COOLIDGE</del> -6T.		2.3 STREET ADDRESS	FILOUDENDATE, FL 33355	•		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME			}	
STREET ADDRESS			3.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			34. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME			}	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				
	ertify that the information supplied with	this filing does not qualify for th	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	information	

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 1.18.07(5)(f), Florida Statutes, I notified certify that the limit 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:**