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## 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** 

## DOCUMENT # M14419

1. Corporation Name							
CADMAH	R INC. OF WEST PALM BEA	CH			1 10010011 184 E1811 0184: 01851 11818 1811 01851	61611 21811 BIGIT 2	23 MAI   MONTH   MAI
Principal Place of Business Mailing Address					# 1886/1881 1997 1881 8481/ B1881 11810 1811 8/1811	B1911 B1811 81811 B	ileli elektioel
850 ISLAND CLUB SQ 850 ISLAND CLUB SQ							
VERO BCH FL 32963		VERO BCH FL 32963		DO NOT WRITE IN THIS SPACE			
US		US .		3. Date incorporated or Qualifed			
					04/24/1985		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Api	plied For	
		26		59-2556016	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	. \$8.75 A	ľ	
22		27		14.00	Fee Re	·	
City & State		City & State		6. Election Campaign Financing	\$5.00 Added to		
23		Zip Country		Trust Fund Contribution  8. This corporation owes the current year II		o rees	
Zip	·		io		Personal Property Tax.		□No
24	9. Name and Address of Current		91		10. Name and Address of New Registered		· ·
			81	Name			
DEPUE, CLARK A., III			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
850 ISALND CLUB SQ			UZ Silest A		dress (1.0. Box Hambor is Not Modephasis)		
VERO BEACH FL 32963			83				
			84	City		85 Zip C	Code
					F	<del>-</del>	
· office or re	agistored agent or both in the State (	of Florida. Such change was auth	nonzed by	the comora	rporation submits this statement for the purpose cition's board of directors. I hereby accept the appe	ir changing its pintment as reg	registerea gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes	3.			1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Age	nt signature requ	ired when reinstating) DATE		<del></del>
12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	PT	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	DEPUE, CLARK A., III		1.2 NAME				
STREET ADDRESS	850 ISLAND CLUB SQ		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32963	——————————————————————————————————————	1.4 CITY-ST-ZIP			☐ Change	☐ Addition ,
TITLE	\$	☐ DELETE	2.1 TITLE			☐ criange	L Addition
NAME	DEPUE, MARY B.		2.2 NAME				
STREET ADDRESS	850 ISLAND CLUB SQUARE			TADDRESS			ĺ
_CITY-ST-ZIP TITLE	VERO BEACH FL 32963.	DELETE	2.4 CITY+ST-ZIP			Change	Addition
NAME			3.2 NAME			_ •	_
STREET ADDRESS	·	*		T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	TADDOECS			
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			•	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	51-ZIF		☐ Change	Addition
TITLE	,	□ perric	6.2 NAME				
NAME STREET ANDRESS				TADORESS	• .		

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. CITY-ST-ZIP

SIGNATURE: /