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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M17397 1. Corporation Name.

HODT ENTEDDDICES INC

FILED Feb 06, 1999 8:00am **Secretary of State**

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Principal Pla	ace of Business	Mailing Address	<u> </u>	-					
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	EACH FL 33069	PO BOX 70395 FT LAUDERALE FL 33307	,			,			
						. DO NOT WR	ITE IN TH	IS SPACE	
					3.	Date Incorporated or Qualifed			·
) Principal	Place of Business				_	06/27/1985	•		
z. r illicipai	riace of business	2a. Mailing Address			4.	FEI Number	. 1	A	pplied For
Suite, Ap	t # etc	Suite, Apt. #, etc.				59-2548345		. N	ot Applicabl
,		27 Suite, Apr. #, etc.		•	5.	Certificate of Status Desired		\$8.75	Additional
City & St	ate	City & State				• •		Fee R	equired
3		28	•		6.	Election Campaign Financing			May Be
Zip	Country	Zip	Cor	untry	—— <u>} </u>	Trust Fund Contribution			to Fees
i]	25	29	30		8.	This corporation owes the cur	rent year i		—
	9. Name and Address of Current		100	T	10	Personal Property Tax. Name and Address of New	Dogleter	Yes	□No
- 00	1/1 5 - 1772 4			81 Name		und Address Of NBM	negistere:	u Agent	
HOFE	NSOLI, SAMUEL J.			00 0					
	O N.E. 17TH TERRACE	• • •		82 Street	t Address (P	O. Box Number is Not Accept	-		
rł.	LAUDERDALE FL 33334			83		**************************************	alen i risti gilbila Ngjara 20 alesti	o sa stenderen : Signalan aver :	<u>Y 144 Y 144 1 194</u> N 1. 1 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1
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IGNATURE			orida Stat	ules,		submits this statement for the ard of directors. I hereby acce			•
IGNATURE	Signature, typed or printed name of registered agent a		: Registered		required when re	instating)	DATE	· · · · · · · · · · · · · · · · · · ·	
2.	Signature, typed or printed name of registered agent a OFFICERS AND PD		Registered	Agent signature	required when re	instating) DDITIONS/CHANGES TO OF	DATE	ND DIRECTO	RS IN 12
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res flot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered. indicated on this annual report or supplied which are officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an adactor of the corporation or the receiver of Block 12 or Block 13 if changed, or on an adactor of the corporation of the receiver of Block 12 or Block 13 if changed, or on an adactor of the corporation of the corporatio