PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M25533

I A DODTE INC

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90071 021 ***150.00

| LA FORT | L, 1110· | | | | | | | |
|---|---|--|--|--|--|--|----------------------------------|---|
| Principal Place | of Business | Mailing Address | | | | | IBI) BIBII 41011 DIBII | OKON OLDU 1007 |
| C/O LA PORTE. | | C/O LA PORTE, INC | | | | | | |
| 12105 SW 114TH PLACE 12105 S W 114TH PLACE | | | | | | | | |
| MIAMI FL 33176 MIAMI FL 33176 | | | | | | DO NOT WRITE IN T | HIS SPACE | |
| US US | | | | | | 3. Date Incorporated or Qualifed | |) |
| ; <u> </u> | | | | | | 01/08/1986 | | anlied For |
| <u> </u> | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | optied For ot Applicable |
| 21 | | 26 | | | | 59 -2632758 59-26232 | | Additional |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | . 5. Certifcate of Status Desired -→ □ | | equired |
| 22 City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| ├ ┐ | ty & State City & State | | | | | Trust Fund Contribution | | to Fees |
| Zip ! | Country | Zip | Coun | try | | 8. This corporation owes the current year | r Intangible | |
| 24 | 25 | · | 30 | • | | Personal Property Tax. | ∐Yes | □No |
| 27 | 9. Name and Address of Current | | | | | 10. Name and Address of New Registe | red Agent | |
| <u> </u> | | | 1 | 81 1 | Name | | |] |
| | SE, MILDRED R | | ١, | 82 3 | Street Adds | ress (P.O. Box Number is Not Acceptable) | | |
| l | 4 S.W. 117TH PLACE | | ľ | ~~ ` | Olleet Auur | | | |
| MAM | II FL 33186 | | 1 | 83 | | | · — - | . 1 |
| ; | | | - | 84 (| C:L. | | 85 Zip | Code |
| ; | | | | | City | | FL 1 | |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the ab | ove-n | named corp | poration submits this statement for the purpos | e of changing it | s registered |
| | naistared agent or both in the State of | | thorizod I | | | | | sylstereu i |
| office or re | n familiar with and accept the obligation | ons of Section 607.0505. Flori | ida Statut | DV the | e corporation | on's board of directors. I hereby accept the a | ppointment do . | · |
| agent. I ar | n familiar with, and accept the obligation | ons of, Section 607.0505, Flori | ida Statut | DV the | e corporation | on's board of directors, I hereby accept the a | ppontinoni do i | |
| agent. I ar | n familiar with, and accept the obligation | ons of, Section 607.0505, Flor | ida Statut | by thi tes. | e corporation | on's board of directors. I nereby accept the a | | |
| agent. I ar | n familiar with, and accept the obligati | and little if applicable. (NOTE: | ida Statut | by thi tes. | e corporation | on's board of directors. Thereby accept the a | E S AND DIRECT | ORS IN 12 |
| agent, I ar | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: | Registered A | by the les. | e corporation | of s board of directors. Thereby accept the a | E | |
| agent I ar SIGNATURE 12. | Signature, typed or printed name of registered agent OFFICERS AND PD GAUSE, MILDRED R. | and little if applicable. (NOTE: | Registered A | by thi tes. Gent si | e corporation | of s board of directors. Thereby accept the a | E S AND DIRECT | ORS IN 12 |
| agent. I ar | Signature, typed or printed name of registered agent OFFICERS AND PD GAUSE, MILDRED R. 12105 S.W. 114TH PLACE | and little if applicable. (NOTE: | Registered A 13. 1.1 TITL 1.2 NAM | tes. Agentsi E | e corporation | of when reinstating) DAT | E S AND DIRECT | ORS IN 12 |
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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.