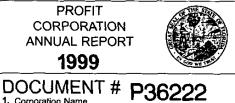
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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90023 001 ***150.00

| KLEIDS | ENTERPRISES, INC. | | | į | | |
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| Principal Plac | ce of Business | Mailing Address | | | I (194 B1914 B1814 B1914 B1914 | Bibil Didii iddi |
| 22075 U.S. 19 | N | 22075 UW HWY 19 N | | | | |
| CLEARWATER FL 33765 CLEARWATER FL 33765 | | | | · · | | |
| US US | | | | DO NOT WRITE | IN THIS SPACE | |
| • • | and the second s | | | 3. Date Incorporated or Qualifed | | - |
| | | | | 11/06/1991 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 4. FEI Number | Ar | pplied For |
| 21 | | 26 | | 22-2353221 | No | ot Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 5 Contifered of Status Desired | \$8.75 | Additional |
| 22 | | 27 | | 5. Certifcate of Status Desired | Fee Re | equired |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current | it year Intangible | |
| 24 | 25 | | 30 | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| FOV | , ice | | 81 Name | | | |
| | (, JEFF | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable | | |
| | D BELLAIR RD | | OZ Sileet Ad | idiess (F.O. Box Number is Not Acceptable | e) | |
| | 190 | | 83 | | | |
| CLE | ARWATER FL 33764 | | <u> </u> | | | |
| | | | 84 City | | FL 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607,050 | 2 and 607,1508, Florida Statutes | s, the above-named co | rporation submits this statement for the pu | rnose of changing its | registered |
| Office of r | registered agent, or both, in the State | of Florida. Such change was aut | thorized by the comora | ition's board of directors. I hereby accept t | he appointment as re | gistered |
| acont La | | tions of Costion CO7 AFAE Floris | de Ototoban | | | |
| agent. i a | ım familiar with, and accept the obliga | itions of, Section 607.0505, Florid | da Statutes. | , | | |
| agent. I a SIGNATURE | im tamiliar with, and accept the obliga | utions of, Section 607.0505, Florid | da Statutes. | | DATE | |
| agent. i a | Im farmliar with, and accept the obligation of t | utions of, Section 607.0505, Florid | da Statutes. Registered Agent signature requi | ured when reinstating) | DATE CERS AND DIRECTO | |
| agent. I a | Im farmliar with, and accept the obligation of t | nt and title if applicable. (NOTE: F | Ja Statutes. tegistered Agent signature requi | | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ager OFFICERS AN | nt and title if applicable. (NOTE: FID DIRECTORS | da Statutes. Registered Agent signature requi 13. 1.1 TITLE | ured when reinstating) | | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE | nt and title if applicable. (NOTE: FID DIRECTORS | da Statutes. tegistered Agent signature requing 13. 1.1 TITLE 1.2 NAME | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL | nt and title if applicable. (NOTE: FID DIRECTORS | tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 | nt and little if applicable. (NOTE: FID DIRECTORS) | togistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 SDT | nt and title if applicable. (NOTE: FID DIRECTORS | tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 SDT KLEIDERMAN, MONROE | nt and little if applicable. (NOTE: FID DIRECTORS) | togistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 SDT KLEIDERMAN, MONROE 2434 OLD COACH TRAIL | nt and little if applicable. (NOTE: FID DIRECTORS) | tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 SDT KLEIDERMAN, MONROE | nt and title if applicable. (NOTE: FID DIRECTORS DELETE | tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ured when reinstating) | CERS AND DIRECTO Change | DRS IN 12 Addition |
| SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS | Signature, typed or printed name of registered ager OFFICERS AN CDP KLEIDERMAN, JOANNE 2434 OLD COACH TRAIL CLEARWATER FL 33765 SDT KLEIDERMAN, MONROE 2434 OLD COACH TRAIL | nt and little if applicable. (NOTE: FID DIRECTORS) | ta Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ured when reinstating) | CERS AND DIRECTO | DRS IN 12 |
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14. Thereby 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 en an attachment with an address, with all other like empowered.

SIGNATURE:

SOUNDERDINGS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR