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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000040604 (9)

DOCUMENT #

LADDON CORP.



Principal Place	of Business	Mailing Address			NOTE CONTRACTOR CONTRACTOR	
2900 N.E. 12TH TERRACE 2900 N.E. 12TH TERRACE						
OAKLAND PARK FL 33334		OAKLAND PARK FL 33334		2. Data legemented as Qualified	3a. Date of Last R	arvort
				 Date Incorporated or Qualified 06/08/1993 	03/16/19	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
1		26		65-0414860		Not Applicable
Suite. Apt	#, etc	Suite, Apl. #, etc.		5. Certificate of Status Desired		Additional
2		27			- ree	Required
— City & Stat □	e	City & State		Election Campaign Financing Trust Fund Contribution	1 1	O May Be d to Fees
3 Zip	Country	28	Country	This corporation has liability for in		
4]	25	29	30	Florida Statutes Yes		100.001,
<u></u>	9. Name and Address of Currer			10. Name and Address of New Ro	egistered Agent	
			81 Name	B. MALE. Mc4.51		
DAVIS.	JAMES B		82 Street Add	DONALD HEASH Iress (P.O. Box Number is Not Acceptable	e)	
	E. 3RD AVE.			N.E. 12 TH TERRACE		
SUITE			83			
	JDERDALE FL 33301		84 City		85 7	p Code
			FT	LOUDERDALE	- FL 3	486 5
11. Pursuant	to the provisions of Sections 607,0003	2 and 607.1508, Florida State	ites, the above named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its	registered offici
or registe familiar w	ried agent, or both, in the State of Hori rith, and accept the ubligations of, Sect	ida Such change was author Mri 607.0505, Florida Statute	ized by the corporation's box es.	ard of orectors, i hereby accept the appo	intinent as registered	agent ram
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O ONIATI IDE	9011 811111			1/2	12 196	
SIGNATURE	Signation, typed of Zin Harriage of registered agent	tandifts mappinson (NOTE: Registered Agent signature requir	red when renstating	DA'E	
		ID DIRECTORS	NOTE: Registered Agent signature regel	LI GON SERVICE		
12.	OFFICERS AN				DA'T CERS AND DIRECTO Change	DRS IN 12
12.	D HERSH, DONALD	ID DIRECTORS	13.			
12. TILE NAME	D HERSH, DONALD 2900 N.E. 12TH TERRACE	ID DIRECTORS	13. 1 1 TITLE			
12. TILLE NAME STREET ADDIS: SS	D HERSH, DONALD	ID DIRF CTORS	13. 1 : TITLE 1 2 NAME		☐ Change	Addition
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12. THEE NAME STREET ADDRESS COLT - \$1 - 7 P	D HERSH, DONALD 2900 N.E. 12TH TERRACE	ID DIRF CTORS	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 GLY - ST - ZIP		☐ Change	Addition
12. TILE NAME STREEL ADDRESS COLT-ST-ZP DILE NAME	D HERSH, DONALD 2900 N.E. 12TH TERRACE	ID DIRF CTORS	13. 1 TITLE 1 NAME 1 3 STREET ADDRESS 1 4 CLEY - ST - ZIP 2 TITLE		☐ Change	Addition
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12. THEF NAME STREET ADDRESS GUT 151-7 P THEF NAME STREET ADDRESS GUT 151-7 P	D HERSH, DONALD 2900 N.E. 12TH TERRACE	ID DIRF CTORS	13. 1 1 TITLE 12 NAME 13 STREEL ADDRESS 14 CLLY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS		☐ Change	Addition
12. THEF NAME STREEL ADDRESS GUT - ST- ZP THEF NAME STREEL ADDRESS CHY- ST- ZP THEF	D HERSH, DONALD 2900 N.E. 12TH TERRACE	DEFELF	13. 1 1 TITLE 12 NAME 13 STREEL ADDRESS 14 CLLY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CLLY ST-ZIP		☐ Change	Addition
12. TILLE NAME STREEL ADDRESS COLY - ST - Z P TITLE NAME STREEL ADDRESS COLY - ST - Z P TITLE NAME	D HERSH, DONALD 2900 N.E. 12TH TERRACE OAKLAND PARK FL 33334	DEFELF	13. 1 1 TITLE 12 NAME 13 STREEL ADDRESS 14 CLLY-ST-ZIP 2 1 TITLE 22 NAME 23 STREEL ADDRESS 24 CLLY ST-ZIP 3 1 TITLE		☐ Change	Addition
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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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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 or an attachment with an address.

SIGNATURE:

AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 565 - 2929 Dayturn Phone #