PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300053851

1. Corporation Name

DODEDT CTUVE

| Principal Place of Business | Mailing Address | | | |
|---|--|--|--|--|
| 113 N FEDERAL HIGHWAY DANIA FL 39004 | PO BOX 1889 DANIA FL 33004-1889 US | | | |

May 05, 1999 8:00 am Secretary of State

05-05-1999 90179 048 ***150.00

| NODERI | STUREL, INC. | | | | | | | |
|--|--|---|--|--|---|--|-----------------------|-------------------|
| Principal Plac | e of Business | Mailing Address | | | $\overline{}$ | E AMMANAMA ARAM RATUR MARKA MARTA MARTA ARAM | A OLIDO CAÍO ATIDA | Esidi (10) (88) |
| 113 N FEDERAL HIGHWAY PO BOX 1889 DANIA FL 33004 DANIA FL 33004-1889 | | PO BOX 1889 DANIA FL 33004-1889 | | | | DO NOT WRITE IN THI | S SBACE | |
| | | US | | | F | 3. Date Incorporated or Qualifed | 3 SFACE | |
| | | | | | Į | 07/29/1993 | | 1 |
| A Driverient C | None of Business | 2a. Mailing Address | | | | 4. FEI Number | ————An | plied For |
| | Place of Business | <u> </u> | | | | 65-0431702 | <u> </u> | t Applicable |
| 21 Suita Ant | # ata | Suite, Apt. #, etc. | | | | _ | \$8.75 A | |
| Suite, Apt. | #, etc. | 27 | | | | 5. Certificate of Status Desired | Fee Re | |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the current year I | ntangibie | |
| 24 | 25 | 29 | 30 | | ì | Personal Property Tax. | | □No |
| | g. Name and Address of Currer | | | | | 10. Name and Address of New Registere | #Agent | |
| | | | | 81 Name | • | — | • | |
| | MS, GERALD J | | - | 82 Stree | Addres | s (P.O. Box Number is Not Acceptable) | | |
| 113 | n federal highway | | | 31166 | (Addres | s (1.0. Dox Humber is Not Accopiacie) | | |
| DAN | IIA FL 33004 | | | 83 | | | | |
| | | | | 24 00 | | | . 85 Zip C | `odo |
| | | | | 84 City | | F | L 85 Zip C | >ode |
| office or i | registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was a ations of, Section 607.0505, Flo | uthorized rida Statu | ites. | poration | ation submits this statement for the purpose is board of directors. I hereby accept the appliance of the purpose is board of directors. I hereby accept the appliance of the purpose is a possible of the purpose is a poss | | yistereu |
| 42 | | ND DIRECTORS | 13. | rigon organism | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| TITLE | PVST | DELETE. | 1,1 TIT | TLE | | | Change | Addition |
| NAME | STUKEL, ROBERT | | 1.2 NA | ME | | | | Į |
| STREET ADDRESS | AAAA AMI AATII AUTINE | | 1,3 ST | REET ADDRES | s | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33312 | | 1.4 CF | TY-ST-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TT | | | | | Addition |
| NAME | STUKEL, ROBERT | | 2.2 NA | 1100 | | | Change | C Applicat |
| STREET ADDRESS | | | | vw⊏ | 1 | | Change | [] Addition |
| CITY-ST-ZIP | FT LAUDERDALE FL 33312 | | 2.3 ST | | s | | Change | CAUGION |
| TITLE | I I DIODCIDALE I E COLIE | | | REET ADDRES | s | | Change | |
| NAME | l n | ☐ DELETE | | REET ADORES | 5 | | ☐ Change | Addition |
| STREET ADDRESS | D ADAMS G | ☐ DELETE | 2. 4 C | TREET ADORES TTY-ST-ZIP TLE | s | | | |
| 1 01112211221 | ADAMS, G | ☐ DELETE | 2. 4 Cl 3.1 TD 3.2 N | TREET ADORES TTY-ST-ZIP TLE | | <u></u> | | |
| CITY, ST. 7IP | ADAMS, G 113 N FED HWY | ☐ DELETE | 2. 4 CI 3.1 TR 3.2 N/ 3.3 ST | REET ADORES ITY-ST-ZIP ILE AME | | | | |
| CITY-ST-ZIP | ADAMS, G | ☐ DELETE | 2. 4 CI 3.1 TR 3.2 N/ 3.3 ST | REET ADORES: ITY-ST-ZIP ILE AME REET ADDRES | | | | |
| TITLE | ADAMS, G 113 N FED HWY | | 2.4 CI 3.1 TR 3.2 NA 3.3 ST 3.4. CI | REET ADDRES ITY-ST-ZIP ILE AME REET ADDRES ITY-ST-ZIP ILE | | | ☐ Change | Addition |
| | ADAMS, G 113 N FED HWY DANIA FL 33004 | | 2, 4 CI 3.1 TD 3.2 NA 3.3 ST 3.4 CI 4.1 TU 4.2 NA | REET ADDRES ITY-ST-ZIP ILE AME REET ADDRES ITY-ST-ZIP ILE | S | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | ADAMS, G 113 N FED HWY DANIA FL 33004 | | 2.4 CI 3.1 TII 3.2 No 3.3 ST 3.4. CI 4.1 TII 4.2 No 4.3 ST | REET ADDRES STY-ST-ZIP TLE AME REET ADDRES STY-ST-ZIP TLE AME | S | | ☐ Change | Addition |
| TITLE | ADAMS, G 113 N FED HWY DANIA FL 33004 | | 2.4 CI 3.1 TII 3.2 No 3.3 ST 3.4. CI 4.1 TII 4.2 No 4.3 ST | REET ADORES: ITY-ST-ZIP ILE MME REET ADDRES ITY-ST-ZIP ILE AME REET ADDRES ITY-ST-ZIP | S | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | ADAMS, G 113 N FED HWY DANIA FL 33004 | ☐ DELETE | 2, 4 Cl 3.1 TD 3.2 NA 3.3 ST 3.4, Cl 4.2 NA 4.3 ST 4.4 Cl | REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE | S | | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADAMS, G 113 N FED HWY DANIA FL 33004 | ☐ DELETE | 2.4 CI 3.1 TII 3.2 N 3.3 ST 3.4 CI 4.1 TIV 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST 5.4 CI | REET ADDRES ITY-ST-ZIP TLE AME REET ADDRES ITY-ST-ZIP TLE AME REET ADDRES ITY-ST-ZIP TLE AME TREET ADDRES ITY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES | s | | Change | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ADAMS, G 113 N FED HWY DANIA FL 33004 | ☐ DELETE | 2.4 CC 3.1 TT 3.2 N. 3.3 ST 3.4 CC 4.1 TT 4.2 N. 4.3 ST 4.4 CC 5.1 TT 5.2 N. 5.3 ST 5.4 CC 6.1 TT 6.2 N. | REET ADDRES ITY-ST-ZIP TLE AME REET ADDRES ITY-ST-ZIP TLE AME REET ADDRES ITY-ST-ZIP TLE AME TREET ADDRES ITY-ST-ZIP TLE TREET ADDRES TY-ST-ZIP TLE TREET ADDRES | s | | Change | Addition Addition |

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 by on an attachment with any address, with all other like empowered.

SIGNATURE: