## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999

1. Corporation Name



DOCUMENT # P93000085359

ROBERT D. MADDOX ENTERPRISES, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90065 002 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		,_		1 1901130 112 1012 11111 00111 1			
11851 LEETH COURT									•
WEST PALM BEACH FL 33412 WEST PALM BEACH FL 3341			2			DO NOT WE	NTE IN THIS	CDACE	
US US						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
!						12/10/1993	1.		i
!	10	La Marilla Address				4. FEI Number		1 4 5	-1:1 5
	lace of Business	2a. Mailing Address			İ	65-0471737		<del></del>	plied For
21 Suite Ant	# 440	Suite, Apt. #, etc.				00-047-17-07		<del></del>	t Applicable
Suite, Apt.	#, etc.	<b>├</b> ¬ ' ' '				5. Certificate of Status Desired	<u> </u>	\$8.75 A Fee Re	
City & Stat		City & State						<u></u> i	
<u> </u>		<del>-</del> 7 '			1	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	, 🗆	\$5.00 Added to	
Zip	Country	28	Country			8. This corporation owes the cu	mont year Inte		01669
24	25	29 30			İ	Personal Property Tax.	nent year ma		□No
24	9. Name and Address of Current	<u> </u>	1			10. Name and Address of New	Registered /		
	3. Name and readed of Carrent	- 170 glocol du rigoni	81	Name					
GRA	NTHAM, KIRK						· · · · · · · · · · · · · · · · · · ·		
1860		82	82 Street Address (P.O. Box Number is Not Acceptable)			-			
WES	ST. PALM BEACH FL 33406		83		_	<u> </u>			
:		•	84	City		· · ·	FL	85 Zip C	Code
44 Dureuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above	a-named	Comora	tion submits this statement for the	. –	changing its	registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was aut	horized by	the come	oration's	board of directors. I hereby acce	ept the appoin	tment as rec	gistered
agent la	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes	. ,		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: P	egistered Ager	t cionature r	mounired wh	en reinstating)	DATE		<del></del>
12.	OFFICERS AND		13.	it signature i	required with	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
TITLE ;			1.1 TITLE		T	7,021101101010101010		☐ Change	Addition
NAME	MADDOX, ROBERT D	_	1.2 NAME		ł	,			_
STREET ADDRESS	11581 LEETH COURT		1.3 STREET	ANNDESS	,	•			
1	WEST PALM BEACH FL		1.4 CITY-S		'	,			.
CITY-ST-ZIP	S/T DELETE		2.1 TITLE	· ZIF			Change	Addition	
NAME	MADDOV OURSELVAN		2.2 NAME						_
STREET ADDRESS	11851 LEETH COURT		2.3 STREET	ADDDECC	.				
:	WEST PALM BEACH FL				<u>'</u>		•		1
CITY-ST-ZIP	WEST TALM BEASTITE	□ DELETE	2.4 CITY-S 3.1 TITLE	1-212	11/			Change	Addition
,			3.2 NAME		Tra	nik M MATTON			
NAME	·			4000000	JAGO	NE M. MADDOX	<b>y</b>		1
STREET ADDRESS			3.3 STREET		11/2	ST PAUN BEAUN	111.7	344	į
CITY-ST-ZIP ;		☐ DELETE	3.4. CITY-S 4.1 TITLE	1-42	+		1-2.0	☐ Change	Addition
TITLE								C. Custige	
NAME !			4. 2 NAME	1000000	.[				1
STREET ADDRESS	}		4.3 STREET		']	•			,
CITY-ST-ZIP I		( ) DELETE	4.4 CITY-S	r-ZIP	+			☐ Change	Addition
TITLE	, ,	☐ DELETE	5.1 TITLE 5.2 NAME		ĺ				
NAME					.}	•	•		}
STREET ADDRESS			5.3 STREET	ADDRESS	i				

CITY-ST-ZIP 1 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 changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME

Addition

Change