Apr 14, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000033740

1. Corporation Name

MILDIX ENTERPRISES, INC.

								 				
Principal Place of Business Mailing Address							()00()00					
1701 MAYO STREET 1701 MAYO STREET												
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020					DO NOT WORKS OF SEA					
US, US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							05/02/199		=			
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address				4. FEI Number				plied For	
21		26					65-06462	65			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired	×	\$8.75 / Fee Re		
City & State	e	City & Staf	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23		28	28									
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible					
24	25	29	29 30				Personal Property Tax.					
	9. Name and Address of Curren	it Registered Agen	it				10. Name and	Address of New I	Registered	Agent		
					Name	ie i						
HEADLEY, GLORIA				82	Ch4	(D. C. D.)						
3396	S YELLOWFIN LANE		,			Address (P.O. Box Number is Not Acceptable)						
MAR	GATE FL 33063									·		
									_			
				84	City			•	FL	85 Zip	Code	
44	* * * * * * * * * * * * * * * * * * *	2 and 607 1509 EV	orida Statutan	the above	-named	COLDOLS	tion submits this	statement for the		changing its	registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered												
agent. I a	m familiar with, and accept the obliga	tions of, Section 60	7.0505, Florida	Statutes.	-						}	
SIGNATURE									DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					it signature n	equired wi	en reinstating)	CHANGES TO OF		ID DIDECTO	DS IN 12	
12.	PD G		DELETE	13.		_	ADDITIONS/C	PHANGES TO OF	FICERS A	Change	Addition	
TITLE		Ц	DELETE									
NAME	GORDON, GLADSTONE			1.2 NAME								
STREET ADDRESS	5613 N.W. 39TH AVE.		1.3 STREET ADDRESS							l		
CITY-ST-ZIP	COCONUT CREEK FL			1.4 CITY-\$1	f-ZIP						□ A 4 231	
TITLE	VP	Li	DELETE	2.1 TITLE						☐ Change	Addition	
NAME	HEADLEY, GLORIA			2.2 NAME							ł	
STREET ADDRESS	3396 YELLOW FIN LANE		2.3		2.3 STREET ADDRESS							
CITY-ST-ZIP	MARGATE FL			2.4 CITY-S	T-ZIP	L			_			
TITLE	S		DELETE	3.1 TITLE						Change	☐ Addition	
NAME -	GORDON, PRISCILLA			3.2 NAME			- •-	٠.				
STREET ADDRESS	5613 NW 39TH AVE			3.3 STREET	ADDRESS			_			}	
CiTY-ST-ZIP	COCONUT CREEK FL			3.4. CITY-S	T-ZiP	· .					}	
TITLE			DELETE	4.1 TITLE						Change	☐ Addition	
NAME	•			4.2 NAME								
STREET ADDRESS				4.3 STREET	ADDRESS	}						
				4.4 CITY-S1								
CITY-ST-ZIP			DELETE	5.1 TITLE	I-TIL					Change	Addition	
TITLE		<u>۔</u>		5.2 NAME								
NAME	, ,			5.3 STREET	ADDDESS						ļ	
STREET ADDRESS											1	
CITY-ST-ZIP		- -	DELETE	5.4 CITY-ST	1-ZIP		 			☐ Change	Addition	
TITLE		Ц	DELETE	6.2 NAME								
NAME !				D.Z NAME		ı					1	

14. I hereby certify that the information supplied with this filling 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 chapted.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP