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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400038290

1. Corporation Name

MIDNIGHT RIDER, INC.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90322 043 \*\*\*150.00



Principal Place	e of Business	Ma	ailing Address								
1410 SW 87TH AVENUE 1410 SW 87TH AVENUE			_								
PEMBROKE PINES FL 33025 PEMBROKE PINES FL 330			25			DO NOT WRITE	IM THIS	SDACE			
							3. Date Incorporated or Qualifed	114 11113	SFACE		
							05/19/1994				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Appl	ied For
21		26					65-0495494				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	□			lditional
22			27							Req	
City & Stat	le .		City & State				6. Election Campaign Financing				lay Be
23		28			4		Trust Fund Contribution			led to	rees
Zip	Country		Zip	Coun	try		8. This corporation owes the current	t year Inta		г	□No
24	25	29		30			Personal Property Tax.	rictored A	☐ Yes		
	9. Name and Address of Curre	ent Regis	tered Agent		81	Name	10. Name and Address of New Reg	Jistered /	-Geur		
EAD	DINGTON M.C			1'	ا'°	Name					_
FARRINGTON, M C 1410 SW 87TH AVENUE			82			Street Ad	dress (P.O. Box Number is Not Acceptable	e)			
	BROKE PINES FL 33025			L.							
FCM	IDROKE FINES FL 33023			l'	83						
				·	84	City		P-1	85 2	Zip Co	ode
•				1		•		FL			
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florid pations of	da. Such change was a , Section 607.0505, Flo	authorized orida Statut	by ti les.	the corpora	rporation submits this statement for the pution's board of directors. I hereby accept t	пе арроп	ntment a	s regi	stered ——
office or r agent. I a	registered agent, or both, in the State orn familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florid pations of pent and title	fa. Such change was a , Section 607.0505, Flo if applicable. (NOTE	euthorized orida Statut E: Registered A	by ti les.	the corpora	tion's board of directors. I hereby accept t ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	D DIRE	CTOR	S IN 12
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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 of supplemental annual report is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corpolation of the receiver or trustee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an atfactment with an address, with all other like empowered.

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR