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

Mailing Address

8302 N.W. 37TH STREET

CORAL SPRINGS FL 33065

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400050075

Principal Place of Business

3302 N.W. 37TH STREET

AME

TREET ADDRESS TY-ST-ZIP

SIGNATURE:

CORAL SPRINGS FL 33065

UNDERGROUND DEVELOPMENT GROUP, INC.

					06/30/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		: A	pplied For
		26			65-0521697			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				·				Additional
27					5. Certifcate of Status Desired	×		equired
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curre	nt vear Inta	angible	
	25	29 30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent					
			81	Name				
TILLI, PATRICIA			82	Ctenne Add-	and (D.O. Bay Number in No. 4.4.4.	-1-1		
8302 N.W. 37TH STREET			02	Street Addin	ess (P.O. Box Number is Not Acceptal	oie)		
CORAL SPRINGS FL 30065			83					
			L.					
			84	City		FL	85 Zip	Code
1, Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes	the abov	e-named corno	oration submits this statement for the	umoso of	banging its	registered
1. 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 am farmilar with, and accept the obligations of, Section 607.0505, Flonda Statutes.								
IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
2.					ADDITIONS/CHANGES TO OFF		DIDECTO	DC IN 12
TLE .	D	DELETE	1.1 TITLE	ł	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
ME I	TILLI, PATRICIA J		1.2 NAME				·	
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TY-ST-ZIP	CODAL CODINCE EL COCCE							
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WE	<u> </u>	□ veceie			1		☐ Change	☐ Addition
			2.2 NAME		4			
REET ADDRESS	CODAL OPPINION EL COCCE			ADDRESS	ب با شهوات	· · ·	· · ·	ļ.
TY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-S	ST-ZIP				
LE		☐ DELETE	3.1 TITLE				Change	☐ Addition
ME		ļ	3.2 NAME					
REETADDRESS			3.3 STREET	ADDRESS				
IY-ST-ZIP			3.4. CITY- S	T-ZIP				
LE	☐ DELETE 4.1 TIT		4.1 TITLE		·		Change	☐ Addition
ME			4. 2 NAME	Į				
REET ADDRESS			4.3 STREET	ADDRESS				
Y-ST-ZIP			4.4 CITY-ST	r- <i>z</i> :P				
LE	☐ DELETE 5.1 T		5.1 TITLE				☐ Change	☐ Addition
ME			5.2 NAME			•	•	
REET ADDRESS			5.3 STREET	ADDRESS				-
				I	•			

4. 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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

☐ Change

☐ Addition

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90137 025 ***158.75

DO NOT WRITE IN THIS SPACE