Apr 15, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400063560

1. Corporation Name

STREET ADDRESS

1 7311111111	IDER & ASSOCIATES,	INO.												
Principal Place	of Business	Mailir	ng Address							IBNI 81811 88	I POR BOLLING			
243 SHORE DR.			OX 451533											
MIAMI FL 33133			I FL 33245-1533											
US ###### 1 2 50245-1555								DO NOT WRITE IN THIS SPACE						
									Incorporate	ed or Qual	ifed		•	
									<u> 29/1994 </u>					
2. Principal Pl	lace of Business	2a. M	lailing Address						Number				<u> </u>	pplied For
21		26						65-	<u>05 16556</u>					ot Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.					5 Cert	ifcate of Sta	tus Desire	d 🗆			Additional
22		27			·	*		3. 00						equired
City & State	e	c	City & State					6. Elec	tion Campa	ign Financ	ing 🖂		-	May Be
23		28							t Fund Cont					to Fees
Zip	Country	z	ip	_ ~	Country			8. This	corporation	owes the	current yea			
24	25	29		30					onal Proper				_] Yes	□No
	9. Name and Address of (Current Register	red Agent					10. Nar	ne and Add	ress of N	ew Registe	ered A	gent	
					81	Name	е							
	OUAICH, NANCY E				82	Stree	t Addres	s (P.O. E	ox Number	is Not Acc	ceptable)			
	SHORE DR. E							`						
	HEIGHTS				83									
MIAN	M FL 33133				84	City							85 Zip	Code
						1						FL	'	
office or re	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida	Such change was	autnori	izea ov	tne cor	d corpor poration	ation sub	mits this sta of directors.	tement for I hereby a	the purpo:	se of cl appoint	nanging its ment as re	s registered egistered
	•	-												
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SIGNATURE	Signature, typed or printed name of register	ered agent and title if ap	pplicable. (NO	TE: Regist	stered Agen		e required v	when reinstat		NGES TO			DIRECT	ORS IN 12
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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, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP