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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90128 048 ***150.00

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S D U. INC.

Principal Place	e of Business	Mailing Address			1 (Ballant in land blen delin	#### ##### ## ##	18 MICES 18501 18991	a rivin neu soni
6178 VISTA LINDA LANE BOCA RATON FL 33433 6178 VISTA LINDA LANE BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife		O O AOL	
					09/21/1994			
6 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number		- An	plied For
─ ¬ `	ace of Business	\vdash			65-0522004		<u> </u>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			2		\$8.75	
22		27			5. Certificate of Status Desired		Fee Re	
City & State	8	City & State			6. Election Campaign Financin	9	\$5.00	May Be
23		28			Trust Fund Contribution	⁹ 🗀	Added	
Zip	Country	Zip	Country		8. This corporation owes the co	urrent year 1		_
24	25	29 30	o		Personal Property Tax.	<u></u>	□Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of Nev	v Registere	d Agent	
1110	CO OTERNIEN		81	Name				
	er, stephen Vista Linda Lane		82	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
BOCA RATON FL 33433		83						
				1			 	
14 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes.	, the above	nomed com	poration submits this statement for the	F ne purpose	of changing its	Code
office or re agent. I as SIGNATURE	egistered agent of both, in the State m familiar with, and accept the oblig	e of Florida. Such change was authoris of Section 607.0505, Florid	, the above porized by a Statutes	e-named corrective corporation	poration submits this statement for the construction of directors. I hereby according to the construction of the construction		of changing its	registered
office or re agent. I at SIGNATURE	egistered agent of both, in the State in familiar with, and accept the onlig Signature, types o printed name of registered ag	e of Florida. Such change was authors of Section 607.0505, Florid ment and title (applicable. (NOTE: Re	, the above porized by a Statutes LSt egistered Agen	e-named corrective corporation	ion spoard of directors. I nereby acc	DATE DATE	of changing its ointment as re	registered gistered
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office or reagent. I as SIGNATURE 12.	egistered agent of both, in the State m familiar with, and accept the oblig Signature, types or printed name of registered agency OFFICERS A	e of Florida. Such change was authors of Section 607.0505, Florid ment and title (applicable. (NOTE: Re	, the above porized by a Statutes **CLSC** egistered Agent 13.	e-named corrective corporation	ion spoard of directors. I nereby acc	DATE DATE	control of changing its countries to so the countries of	registered gistered
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CITY-ST-ZIP 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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CiTY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

☐ Change