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 # P9500033067

1. Corporation Name

MODITANIOOD DADTNEDS INC

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90006 038 ***150.00

NORTHWOOD PARTNERS, INC.				·			
Principal Place of Business	Mailing Address					uu isi du siisi us i	10 MISH 1001 1001
118 SEVILLE ROAD	118 SEVILLE ROAD				<u> </u>		
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405							
1 - 1 				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/24/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21					65-0630181		lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5, Certifcate of Status Desired	•	Additional
22 27			_		<u> </u>		Required
City & State City & State					6. Election Campaign Financing		May Be
23	28		_		Trust Fund Contribution		to Fees
Zip Country	Zip	Count	ry		8. This corporation owes the current year	Intangible Yes	No
24 25		30	_		Personal Property Tax. 10. Name and Address of New Registere		
9. Name and Address of Curren	t Registered Agent	A	1 Nam	e	IV. Haille dilu Addiess Ol Hem Magistele	~ VA	
Diop, robert		"					
118 SEVILLE ROAD			2 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33405		a	3				
The state of the s		"					
		8	4 City		F	85 Zir	Code
11. Pursuant to the provisions of Sections 60\050:	0 1 007 1500 Fi Ctatuta	- the abo		d corpo	ation submits this statement for the purpose	of changing i	ts registered
11. Pursuant to the provisions of Sections 64 AU50. office or registered agent, or both, in the State agent. I am familiar with, and accept the poligar	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the abo thorized b	y the co	rporation	statement for the purpose is board of directors. I hereby accept the app	ointment as	registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statut	s.				
SIGNATURE	A)OTE 1		and ninnah	o romirod	when reinstating) DATE		\
Signature, typed or printed name of registered agen	D DIRECTORS	13.	Jen synau	io required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE D	☐ DELETE	1.1 TITLE				☐ Change	
NAME DIOP, ROBERT		1.2 NAM	E				
STREET ADDRESS 118 SEVILLE ROAD			1.3 STREET ADDRESS				
WEST DAIM BEACH EL 22405			1.4 CITY-ST-ZIP				
TITLE PRESIDENT	☐ DELETE	2.1 TITL			· · · · · · · · · · · · · · · · · · ·	Change	e
NAME DUTONUA BARRO	55	2.2 NAM	£				
STREET ADDRESS U.S. SEVILLE ROAD	<u>۸</u>		ET ADDRES	ss			
NAME STREET ADDRESS IN SEVILLE ROAD CITY-ST-ZIP WEST PALM BEAC	4 EZ 33405	•	-ST-ZIP				\
TITLE WEST PALTIC BETT	DELETE	3.1 TITLE		-		Change	Addition
NAME		3.2 NAM					}
STREET ADDRESS			ET ADDRE	ss			ĺ
CITY-ST-ZIP		1	-ST-ZIP				
TITLE	☐ DELETE	4.1 TITL				☐ Chang	a 🔲 Addition
NAME		4. 2 NAN	ΙE		•		ſ
STREET ADDRESS			ET ADDRES	ss			
CITY-ST-ZIP		4.4 CITY			-		
TITLE	☐ DELETE	5.1 TITL				☐ Chang	e 🗌 Addition
NAME		5.2 NAM	E		'.		
STREET ADDRESS		5.3 STRI	ET ADDRE	ss			
CITY-ST-ZIP		5.4 CITY	-ST-ZIP		<u> </u>		
TITLE	☐ DELETE	6.1 TITL	•			Chang	e
NAME :		6.2 NAM	E	ĺ			ļ
STREET ADDRESS		6.3 STR	ET ADDRE	ss			
				1			

14. hereby certify that the information supplied with his 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #