## 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 # P95000045877

1. Corporation Name

DUDU ICHING CEDVICES INTERNATIONAL

Principal Place of Business	Mailing Address		
7997 WELLSMERE CIRCLE ORLANDO FL 32835 US	7997 WELLSMERE CIRCLE ORLANDO FL 32835 US		
2. Principal Place of Business	2a. Mailing Address		

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90142 029 \*\*\*150.00

PUBLISH	and services internation	JNAL, ING.					
Principal Place	e of Business	Mailing Address	<del></del>	-	- I EBDIYADI IIIN IBIBI BIIII BBIII ABIII BBIII BBIII BBIII	II <b>Giddi d</b> iidi sasii	B B ()   (8 B)   (8 B)
7997 WELLSME		7997 WELLSMERE CIRCLE					
ORLANDO FL 3		ORLANDO FL 32835					
US		US			DO NOT WRITE IN TH	IS SPACE	
					3. Date incorporated or Qualifed 06/08/1995		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26	<b>-</b>	** :	59-3323094	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27			S. Continued of Change Promote	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	,
23		28			Trust Fund Contribution	Added	o Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current year		<b>ن</b>
24	25	29 3	30	··	Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
, , , ,	DOIOL WHITEAR			81 Name			
	BRICK, WILLIAM J		1	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	WELLSMERE CIRCLE						
ORL	ANDO FL 32835		1	83			
			\- }-	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
				'	F		
11. Pursuant office or agent. I a	to the provisions of Sections 607.050. registered agent, or both, in the State of the familiar with, and accept the obligate	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Floridations of the change was autitions of the change was a change of the ch	s, the abi thorized da Statut	by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered A	gent signature required			
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TTL	.E		Change	Addition
NAME	HRABRICK, WILLIAM		1.2 NAV	AE.			
STREET ADDRESS	7997 WELLSMERE CIRCLE		1.3 STR	EET ADORESS			
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY	Y-ST-ZIP			l
TITLE		☐ DELETE	2.1 TITL	E		☐ Change	Addition
NAME	1		22 NAM	AE .	•		_
STREET ADDRESS			2,3 STR	REET ADDRESS			
CITY-ST-ZIP	1						
TITLE		4. <b>4</b> .	2, 4 CIT	Y-ST-ZIP	<del>_</del>	- • -	
NAME		DELETE	2. 4 CIT 3.1 TITL	Y-ST-ZIP .E	<del> </del>	Change	. Addition
STREET ADDRESS		DELETE		E	<u> </u>		☐ Addition
		☐ DELETE	3.1 TITL 3.2 NAM	E	<u> </u>	Change	. Addition
CITY OF 7ID		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STR	E ME REET ADDRESS	<u> </u>	Change	. Addition
CITY-ST-ZIP	Í	☐ DELETE	3.1 TITL 3.2 NAM 3.3 STR	E ME REET ADDRESS Y-ST-ZIP		☐ Change	☐ Addition
TITLE	Í	_	3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT 4.1 TITL	E ME REET ADDRESS Y-ST-ZIP E			
TITLE NAME		_	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NAM	E ME REET ADDRESS Y-ST-ZIP E ME			
TITLE  NAME  STREET ADDRESS		_	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR	E ME NEET ADDRESS Y-ST-ZIP E ME REET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAN 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT	E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITL 5.1 TITL 5.2 NAM 5.3 STR	E ME		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT	E  ME  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITL 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITL 6.1 TITL	E  ME  ME  REET ADDRESS  Y-ST-ZIP  E  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	E  ME  ME  REET ADDRESS  Y-ST-ZIP  E  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E  ME  REET ADDRESS  Y-ST-ZIP  E		☐ Change	☐ Addition

CITY-ST-ZIPP (2) (See 2) A. C. (E. T. C.) 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 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 employee 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 an antechnique with an address, with all other like empowered.