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

PROFIT CORPORATION ANNUAL REPORT

1999

THE AUDIE GROUP, INC.



DOCUMENT # **P95000046304**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90069 024 ***150.00

Principal Place of Business Mailing Address									
826 NORTH JO	HN STREET	5701 ARGOSY CT							
SUITE 206 ORLANDO FL 32819						DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32808 US						3. Date Incorporated or Qualifed			
US						06/09/1995			ł
2. Principal Place of Business 2a. Mailing Ar			Address						1 For
21	lade of business	26				59-3330453	Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.7	5 Addit	·——
22	Suite 201	27				5. Certifcate of Status Desired	Fee	Require	ed
City & Stat		City & State				6. Election Campaign Financing	- \$5.6	00 May	Be
23		28				Trust Fund Contribution	•	ed to Fe	
Zip	Country	Zip Country			-	8. This corporation owes the current year in	tangible		
24	25	29	30			Personal Property Tax.	☐Yes		No
	9. Name and Address of Curren			\Box		10. Name and Address of New Registered	Agent		
		_		81	Name				
AUD	DIE, MICHAEL F			82	Ctrack Add	ress (P.O. Box Number is Not Acceptable)			
150°	1 venera avenue			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SUIT	TE 300			83					
COP	RAL GABLES FL 33146								
				84	City	FI	85 Z	Zip Code	,
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent	I signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS	IN 12
TITLE	D	DELETE	1.1 TITLE		· — — —	ADDITIONO/GIANGES TO OTT IDENO/A	Chan		Addition
	AUDIE, JAMES F		1.2 NAME 1.3 STREET					·	
NAME					ADDRESS				i
STREET ADDRESS	ORLANDO FL 32819		1.4 CITY-						İ
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		-ZIP		☐ Chan	nge [Addition
TITLE	D ALIDIE LODI A	belefic	2.2 NAME					, <u> </u>	_
NAME	AUDIE, LORI A				*DODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819	☐ DELETE	2.4 CITY- 3.1 TITLE		T-ZIP		☐ Chan	nge F	Addition
TITLE		_ beceive	32 N			• • • •		,g	
NAME					ADDRESS				
STREET ADORESS			1						
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP			☐ Chan	ige [Addition
NAME			4. 2 NAN				_	•	_
					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE		-ZIP		☐ Chan	nge [Addition
NAME				52 NAME					_
					ADDRESS				
STREET ADDRESS				TY-ST					
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TI		- -		☐ Chan	nge [Addition
NAME		_	L		ļ		-	_	
			62 N	4ME	1				

6.4 CITY-ST-ZIP I hereby certify that the information subplied 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 symplemental 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 in 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, in the property of the corporation
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR