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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000051612 1. Corporation Name

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90050 047 \*\*\*150.00

DIAPER	MAN SERVICE, INC.						
Principal Plac	e of Business	Mailing Address			- I ORISIORI HO IBIOI BINI ORISI ODISI BOSI BOSI O	OLDI ONER KERE OH	RI IMMAR KIDI LUDI
315 "R" 33RD STREET 315 "R" 33RD STREET WEST PALM BEACH FL 33407 WEST PALM BEACH FL 3340					DO NOT WRITE IN T	HIS SDACE	
					3. Date Incorporated or Qualifed	THO GI AGE	
)					06/29/1995		Ì
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	TA	pplied For
21		26			65-0619355	<b>├</b>	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	Required
City & Stat	te	City & State	~- ,	·	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year		
24	9. Name and Address of Current		30	T	Personal Property Tax.  10. Name and Address of New Register	Yes	246
<del> </del> -	5. Name and Address of Current	Registered Agent		81 Name	10. Name and Audress of New Register	red Agent	<del></del>
MAR	itin, gerald a esq				•		
2304 SOUTH MILITARY TRAIL, SUITE 100				82 Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ
l	ST PALM BEACH FL 33415			83			<del></del>
				<u></u>			
				84 City	F	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was au	uthorized	by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its opointment as re	s registered egistered
	Signature, typed or printed name of registered agent	<del></del>		Agent signature require			
12.	OFFICERS AND	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	C) DEFETE	1.1 TR			∟ change	Addition
NAME CERT LODDECS	HAASE, FREDERICK R	•	1.2 NA	REET ADDRESS			
STREET ADDRESS	315 "R" 33RD STREET						
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 33407						
NAME		□ DELETE	1.4 CF	TY-ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	1.4 CF 2.1 TH	TY-ST-ZIP		☐ Change	Addition
		☐ DELETE	1.4 CF 2.1 TH 2.2 NA	TY-ST-ZIP TLE WIE		☐ Change	Addition
		☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST-ZIP  TLE  WIE  REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP	· ·	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST-ZIP TLE WIE REET ADDRESS		☐ Change	
CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	TY-ST-ZIP  TLE  WHE  TREET ADDRESS  TY-ST-ZIP  TLE			-:
CITY-ST-ZIP		- · · · · · · · · · · · · · · · · · · ·	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	TY-ST-ZIP  TLE  WHE  TREET ADDRESS  TY-ST-ZIP  TLE			-:
CITY-ST-ZIP TITLE NAME		- · · · · · · · · · · · · · · · · · · ·	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  LE			-:
CITY-ST-ZIP TITLE NAME STREET ADDRESS		- · · · · · · · · · · · · · · · · · · ·	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	TY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP			-:
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLF		. Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF 4.1 TH 4.2 NA	TY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLF		. Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4 CF 4.1 TH 4.2 NA 4.3 ST	TY-ST-ZIP TLE MME REET ADDRESS MY-ST-ZIP TLE MME REET ADDRESS MY-ST-ZIP TLE MME REET ADDRESS MY-ST-ZIP TLE AME		. Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 4.1 TH 4.2 NA 4.3 ST 4.4 CR	TY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE TY-ST-ZIP	-	. Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CG 3.1 TIT 3.2 NA 3.3 ST 4.4 CR 4.3 ST 4.4 CR 5.1 TIT 5.2 NA 5.3 ST	TY-ST-ZIP  TILE  MME  TREET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS		. Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Freedom Long of Maria States	DELETE  DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 4.4 CF 5.1 TH 5.2 NA 5.3 ST 5.4 CF 6.1 TH 6.2 NA	TY-ST-ZIP  TILE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  AME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  ME  ME  ME  ME  ME  ME		☐ Change☐ Change☐ Change☐ Change	Addition Addition
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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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or on an attackment with an address, with all other like empowered.

SIGNATURE: