## 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

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

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Corporation Name

SUBDEL, INC.

Principal Place of Business

Mailing Address

1303 NORTH WASHINGTON BLVD.

1303 NORTH WASHINGTON BLVD.

SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/12/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-06 15707 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year Intangible Zip Country ☐ Yes PINO Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ORTIZ. MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 82 720 S ORANGE AVE SARASOTA FL 34236 83 4 .63 84 85 Zip Code City F

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change □ DELETE 1.1 TITLE TITLE DRUMGOOL, MICHAEL J 1.2 NAME 4 7 J . S. 1 NAME 1303 NORTH WASHINGTON BLVD. 1.3 STREET ADDRESS i i Hoje STREET ADDRESS SAASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE DORU y V MGOOL, MICHAEL J 2.2 NAME NAME 1303 NORTH WASHINGTON BLVD. 2.3 STREET ADORESS STREET ADDRESS SAASOTA FL 34236 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE DRUMGOOL, IVETTE D 3.2 NAME 1 64 350 NAME DOMESTIC AND 1303 N WASHINGTON BLVD 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 attachment with an attachment with an attachment with all other like empowered.

SIGNATURE:

CR2E034 (11/98)