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 # P9600004453

1. Corporation Name

May 04, 1999 8:00 am Secretary of State

05-04-1999 90166 041 ***150.00

F.D.H., II	NC ₁				
Principal Place	e of Business	Mailing Address	· ,		SOLLY GIBIL STORY STYRE THE TORY
1557 PALM BAY ROAD 1557 PALM BAY ROAD					
PALM BAY FL 32905 . PALM BAY FL 32905			DO NOT WIDTE IN THIS	CONCE	
				DO NOT WRITE IN THIS	SPACE
l				3. Date Incorporated or Qualifed	
				01/12/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-3354216	Not Applicable
Suite, Apt.	#, etc.	`Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			
City & State	e C	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23				Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible □Yes □No
24	25]	29 3	0	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
CAVI	IA EDWADD D		of Name		
CAYIA, EDWARD D			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	NE 3RD AVENUE				
FOR	T LAUDERDALE FL 33301		83	ŕ	
ļ			84 City		85 Zip Code
				F <u>L</u>	-
11. Pursuant I	to the provisions of Sections 607.050	22 and 607 1508 Florida Statutes	the above-named co	reporation submits this statement for the numose of	f changing its registered 1
		of Clorida, Cuch change was out	horized by the corners	orporation submits this statement for the purpose of	intment as registered
l office or re	egistered agent, or both, in the State	of Florida. Such change was aut	nonzea by the corpora	ation's board of directors. I hereby accept the appo	intment as registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzea by the corpora	ation's board of directors. Thereby accept the appo	intment as registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was auti- ations of, Section 607.0505, Florid ant and title if applicable. (NOTE: R	norized by the corpora a Statutes.	ared when reinstating) DATE	IIIIIIIIII as regisiereu
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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 comporation 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 in the same legal effect as if made under oath; that I am an officer or director of the comporation 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 in the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition