

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 # P96000014245

1. Corporation Name
DOWN UNDER, INC.

Principal Place of Business
1625 SE 10TH AVE
904
FT LAUDERDALE FL 33316
US

Mailing Address
2727 NE 20TH ST
790 E BROWARD BLVD. 302
FT. LAUDERDALE FL 33305
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90068 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1996

4. FEI Number

65-0641416

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. 2727 NE 20th ST.

27. Suite, Apt. #, etc.

23. FT LAUDERDALE, FL

28. FT LAUDERDALE FL

24. 33305 Country U.S.A.

29. 33305 Country U.S.A.

9. Name and Address of Current Registered Agent

WOODRIDGE, ALAN T
1625 S.E. 10TH AVENUE
#904
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name WOOLDRIDGE ALAN.

82. Street Address (P.O. Box Number is Not Acceptable)
2727 NE 20th ST.

83. 1

84. City FT LAUDERDALE

FL

85. Zip Code 33305

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

A. Woolbridge

1-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WOOLDRIDGE, ALAN
STREET ADDRESS 1625 SE 10TH AVE 904
CITY-ST-ZIP FT LAUDERDALE FL 33316
☒ DELETE

TITLE PD
NAME WOOLDRIDGE, ALAN
STREET ADDRESS 2727 NE 20TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33305
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME WOOLDRIDGE ALAN
1.3 STREET ADDRESS 2727 NE 20th ST
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33305
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

A. Woolbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

Daytime Phone #

CR2E034 (11/98)