PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris . 🥆

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P96000045927 51

Íridium design, Inc.

N/C = 2/5/99 (Amendment for Name Chg)

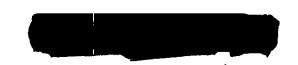
Principal Place of Business

Mailing Address

25 WALL STREET PLAZA

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90092 033 \*\*\*158.75



ORLANDO FL 32801		ORLANDO FL 32801			DO NOT WRITE IN THIS SPACE
,		·			3. Date Incorporated or Qualifed 05/23/1996
2. Princinal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 227 N. Magnolia Ave 26 227 N. Magnol:			lia	Δνα	59-3371550 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	HVC	\$8.75 Additional
					5. Certificate of Status Desired  Fee Required
22 Suite City & State		27 Suite 105 City & State			6. Election Campaign Financing \$5.00 May Be
	do, FL 32801	orlando, FL	328	01	Trust Fund Contribution Added to Fees
Zip	Country	Zìp	Country	/	8. This corporation owes the current year Intangible
24 32801	25 Orange	29 3280130	Ora	nge`	Personal Property Tax.
<del></del>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
		<del></del>	81	Name	
WALDREN, WILLIAM K			82	Stroot	Address (P.O. Box Number is Not Acceptable)
<del>25 Wall Street Plaza</del>			02		7 N. Magnolia Ave. Ste 105
ORLANDO FL 32801			83		/ III
	<b>t.</b>		84		lando FL 85 Zip Code 32801
				Or.	
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, to f Florida. Such change was authoritions of, Section 607.0505, Florida	KIZEN DV	THE CORNE	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, type for printed name of registered ager	nt and title if applicable. (NOTE: Regi	stered Age	nt signature re	required when reinstating) DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	X DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, BARRIE		1.2 NAME		
STREET ADDRESS	25 WALL STREET PLAZA		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY+5	T-7IP	
-HFLE	SD SD	☐ DELETE	2,1 TITLE		P/T/S/D ⊠ Change ☐ Addition
NAME	WALDREN, WILLIAM K		2.2 NAME		William K. Waldren
STREET ADDRESS	25 WALL STREET PLAZA			T ADDRESS	227 N. Magnolia Ave, Suite 105
CITY-ST-ZIP	ORLANDO FL 32801		2. 4 CITY-		Orlando, FL 32801
TITLE	OTILATED I E GEOGI	☐ DELETE	3.1 TITLE	- СПГ	Change Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
			3.4. CITY-	i	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-2IF	Change Addition
NAME			4. 2 NAME		
{					
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP	☐ Change ☐ Addition
TITLE		L. J DECE IE	52 NAME		
NAME				T ADDRESS	
STREET ADDRESS	•				†
מול דפ עלום	i		5.4 CITY-5	si-ZIP	1

6.4 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 ma 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 an aritachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

407-595-6990

☐ Addition