

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 # P96000047575

1. Corporation Name
ARIDAN, INC.

Principal Place of Business
3491 THOMASVILLE RD
#15
TALLAHASSEE FL 32308

Mailing Address
P.O. BOX 15976
TALLAHASSEE FL 32317-5976

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KOWALCHYK, DEAN C
1331 E. LAFAYETTE ST.
SUITE F
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11. TITLE	11. WELLNER, DANIELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLNER, DANIELA		12. NAME	2495 HYDE PARK WAY	
STREET ADDRESS	2998 CANDLESTICK DR		13. STREET ADDRESS	TALLAHASSEE, FL 32308	
CITY-ST-ZIP	TALLAHASSEE FL 32308		14. CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	21. TITLE	21. WELLNER, ARIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLNER, ARIE		22. NAME	2495 HYDE PARK WAY	
STREET ADDRESS	2998 CANDLESTICK DR		23. STREET ADDRESS	TALLAHASSEE, FL 32308	
CITY-ST-ZIP	TALLAHASSEE FL 32308		24. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-ST-ZIP			44. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-ST-ZIP			64. 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 address, with all other like empowered.

SIGNATURE: *SECRETARY ARIE WELLNER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90018 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

59-3392267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

4/25/99 9016-0711

Date

Daytime Phone #

005297