## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000048865

OHADRILLE DI IRIS INC

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90114 011 \*\*\*150.00

GOADHILLE D.L. IHIS, INC.			
Principal Place of Business	- <u>-</u>		
2419 FAST COMMEDIA	Mailing Address		
2419 EAST COMMERCIAL BLVD. SUITE 301	2419 EAST COMMER	CIAL PLVD	
FT. LAUDERDALE FL 33308-4202	SUILE 301		•
1296	FT. LAUDERDALE FL	33308-4202	<b>DO</b>
			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
Principal Place of Business			06/07/1996
1	2a. Mailing Address		4. FEI Number
Suite, Apt. #, etc.	26	<del></del>	65-0689759 Applied Fo
2	Suite, Apt. #, etc.	· — <del>——</del>	Not Applic
City & State	City & State		5. Certificate of Status Desired   \$8.75 Addition.
3			6. Election Campaign Financing \$5.00 44-5
Zip Country	Zip		I first Fund Contains ( ) YOU MAY Be
25	[a]	Country	8. This corporation owes the current year Intangible
9. Name and Address of (	Current Registered Agent	30	'Ciscilar Fluberty lev
CHERRY PICHARD C	- Sociou Agent		10. Name and Address of New Registered Agent
CHERRY, RICHARD G		81 Name	The state of the s
1665 PALM BEACH LAKES BLV	/D.	82 Street Add	trace (D.O. D
SUITE 600			ress (P.O. Box Number is Not Acceptable)
W PALM BEACH FL		83	
			·
Pursuant to the provisions of Section - 00		84 City	0E 7:- 0-4
office or registered agent, or both, in the s	7.0502 and 607.1508, Florida State of Florida State	tutes, the above-named com	FL 03 Zip Code
agerii. I arri larnillar with, and accept the c	phligations of B	authorized by the seement	Coldion Suprillis this statement for the
	congenions of, Section 607,0505, F	lorida Statutos	on's board of directors. I hereby accept the purpose of changing its registered
		lorida Statutes.	PL 85 Zip Code poration submits this statement for the purpose of changing its registered pon's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registere	ed agent and title if applicable		PP as registered
Signature, typed or printed name of registere	ed agent and title if applicable. (NO	TE: Registered Agent signature required	d when reinstating) . DATE
Signature, typed or printed name of registere OFFICER:	ed agent and title if applicable	TE: Registered Agent signature required	d when reinstating) . DATE
Signature, typed or printed name of registere OFFICER: P STOCKAMORE, JOHN H	ed agent and title if applicable. (NO'S AND DIRECTORS	TE: Registered Agent signature required  13.  1.1 TITLE	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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Signature, typed or printed name of registere OFFICER:  P STOCKAMORE, JOHN H 2419 E COMMERCIAL BLVI FT. LAUDERDALE FL 33308 V	ed agent and lifte if applicable. (NO'S AND DIRECTORS  DELETE	TE: Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
P STOCKAMORE, JOHN H 2419 E COMMERCIAL BLVI FT. LAUDERDALE FL 33308 V STOCKAMORE, RICK N	ed agent and title if applicable. (NO'S AND DIRECTORS  DELETE  D#301 8-4042	TE: Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
P STOCKAMORE, JOHN H 2419 E COMMERCIAL BLVI FT. LAUDERDALE FL 33308 V STOCKAMORE, RICK N 2419 E. COMMERCIAL BL VI FT. LAUDERDALE FL 33408 V STOCKAMORE, RICK N 2419 E. COMMERCIAL BL VI	ed agent and little if applicable. (NO'S AND DIRECTORS  DELETE  D #301 8-4042  DELETE	TE: Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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 effect or Block 13 if changed, or on an attackment of the property of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR