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 # P96000057931

SKADOODLES, INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90120 035 ***150.00



Principal Place of Business Mailing Address							- - 1 10021001 119 10110 02111 80131 00111 03131 06701 1		# \$1 ## HBH 1 0#}	
516 EAST ATLANTIC AVE 516 EAST ATLANTIC AVE							j			
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483						DO NOT WRITE IN THE	CDACE			
							DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE		
				•			07/10/1996			
2 Principal Pl	lace of Business	22	. Mailing Address				4. FEI Number	Ι.Α.	oplied For	
_	lace of business	26	. Maining Address				65-0683562		ot Applicable	
Suite, Apt.	# etc.	20	Suite, Apt. #, etc.						Additional	
22	,, 500.	27					5. Certifcate of Status Desired		equired	
- City & State	9		-City & State				6. Election Gampaign Financing	\$5 :00	-May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip				Coun	Country 8. 1		8. This corporation owes the current year Int	angible		
24		29	3	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	ıt Regi	stered Agent				10. Name and Address of New Registered	Agent		
040	DOLL WINDERLY				31 Name					
CARROLL, KIMBERLY					32 Street	Street Address (P.O. Box Number is Not Acceptable)				
	EAST ATLANTIC AVE			L						
DELF	RAY BEACH FL 33483			[*	33				1	
				ļ:	34 City			85 Zip	Code	
<u> </u>					1		<u> </u>		- sistered	
11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 6	607.1508, Florida Statutes ida. Such change was aut	s, the ab thorized	ove-named by the corp	corpor	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	changing it: ntment as ri	gistered	
agent. I ar	m familiar with, and accept the obliga	tions o	f, Section 607.0505, Florid	da Statut	es.					
SIGNATURE							when reinstation) DATE		1	
ļ	Signature, typed or printed name of registered age OFFICERS AN			13.	gent signature	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
12.	OF FIGURE AN	ייווע טויי		13.						
TITLE I	D		DELETE	1.1 TITL	E	1	1. 1 Occordi	☐ Change	☐ Addition	
TITLE	D CARROLL KIMRERLY I		☐ DELETE	1,1 TITL 1,2 NAA		K	Simberly Carroll	Change		
NAME	CARROLL, KIMBERLY L		□ DELETE	1.2 NAA	lE	K 50	himberly Carroll al N. Swinton AUE	Change		
NAME STREET ADDRESS	CARROLL, KIMBERLY L 3489 PALLAIAN CIRCLE		☐ DELETE	1.2 NAA 1.3 STR	IE EET ADDRESS	X 50	Simberly Carroll al N. Swinton AUE Wir Rob EL 3348	□ Change		
NAME STREET ADDRESS CITY-ST-ZIP	CARROLL, KIMBERLY L		☐ DELETE	1.2 NAA 1.3 STR	IE EET ADDRESS '-ST-ZIP	X 50	Simberly Carroll al N. Swinton AUE elray Boh FL 3348	☐ Change		
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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 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, on an attachment with an address, with all other like empowered. CITY-ST-ZiP

SIGNATURE: