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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600069310 (6)

FILED Jan 28 1998 8:00am Secretary of State

,	on Name		(-)					
FEDCO	DM, INC.							
}							<u> </u>	181 (1911 3 1 1) (13)
Principal Place of Business Mailing Address						Tradition sig (pile silli sign) ggt: 4		
2300 GLADES ROAD, SUITE 450W 2300 GLADES ROAD, SUITE BOCA RATON FL 33431 BOCA RATON FL 33431				50W				
2007.111.101	112 30701	DOON HATON TE	. 00101			DO NOT WRITE	E IN THIS SPACE	
						3. Date Incorporated or Qualified		
						08/20/1996		
	Place of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For
21		26				65-0687922		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		75 Additional
22 Çity & Stat	20	27 City & State						ee Required
23	le .	28				Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	Zip		Country	 -	8. This corporation owes or has pa		
24	25	29	30			Personal Property Tax due June		I No
2-7	g. Name and Address of Curre	1—- 1 —— ·	00			10. Name and Address of New Re		
SU	MMERS, LEE C ESQ.			81	Name			
	00 GLADES ROAD, SUITE 450W	1		82	Street Add	Iress (P.O. Box Number is Not Acceptate	ole)	
во	CA RATON FL 33431	•		20			·	
				83				
				84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florid	a Statutes, the	e above	e-named cor	poration submits this statement for the p		Ing its registered
office or r	registered agent, or both, in the State	e of Florida, Such chang	je was author 1505. Florida 1	rized by	the corpora	poration submits this statement for the partion's board of directors. I hereby acceptions	pt the appointmer	nt as registered
•		gations of, Decitor our t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Janaies	·			Į.
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Regis	stered Age	int signature requ	ired when reinstating)	DATE	
12.	Signature, typed or printed name of registered ag OFFICERS AN	ND DIRECTORS		13.	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	
	Signature, typed or printed name of registered ag OFFICERS AN				ent signature requ			
12.	Signature, typed or printed name of registered ag OFFICERS AN D SCHWARTZ, LARRY	ND DIRECTORS .	ETE 1	13.	ent signature requ		CERS AND DIREC	
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4. I hereby certify that the information supplied with this filling 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 familial 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 a address.

SIGNATURE:

KNATURE BETONRED

Daytime Phone # 0327146