

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT *
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071355 (7)

1. Corporation Name
FENNODYREE INCORPORATED

Principal Place of Business

4709 ORANGE DRIVE
DAVIE FL 33332

Mailing Address

4709 ORANGE DRIVE
DAVIE FL 33332



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

65-0691249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4709 S.W. 45th Street

Suite, Apt. #, etc.

22 Davie, Florida

City & State

23 33314

Zip

Country

24 25 Broward

2a. Mailing Address

26 4709 S.W. 45th Street

Suite, Apt. #, etc.

27 Davie, Florida

City & State

28 33314

Zip

Country

29 30 Broward

9. Name and Address of Current Registered Agent

HALLARAN, ROBERT
5700 SW 188 AVENUE
FORT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent

81 Name

Robert Hallaran

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

5700 S.W. 188 Ave

83

84 City

Fort Lauderdale

FL

85 Zip Code

33332

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

Robert Hallaran

Robert Hallaran

Jan 8, 1998

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

(NOTE) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME HALLARAN, ROBERT
STREET ADDRESS 5700 SW 188 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33332

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

Robert Hallaran

Robert Hallaran

Jan 8, 1998 954-797-0079

CR2E034 (10/97)