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 # P96000072257 1. Corporation Name

CUEDIC ECODMART INC

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 004 ***150.00

SHEP.2	POODMANT, INC.								
Principal Place	e of Rusiness	Mailing Address		~		- 1 10511031 150 18110 01111 00117 00171 00111		01 81111 1801 1801	
		2001 4TH STREET NORTH							
2001 4TH STREET NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			!
						09/01/1996		\	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		pplied For	
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	Б			59-3398663	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	d			_	\$8.75	Additional	
22		27	7			5. Certificate of Status Desired Fee Required			
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year In	angible		
24	25	29	30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered	Agent		
				81	Name				
LEE, KYUNG W				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	1 4TH STREET NORTH			62	Oli Cot Madic	33 (1.3. Box (tallips) is that resophisms)			
ST.	PETERSBURG FL 33704			83					
					014		85 Zig	Code	
				84	City	FL	_ 65 24	Code] `
office or r	to the provisions of Sections 607.050: registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was al	มที่กดกรอด	1 hv [-named corpo he corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appo	changing intment as	ts registered == registered	
SIGNATURE									
	Signature, typed or printed name of registered agen			Agent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ID DIRECT	OPS IN 12	ő
12.		D DELETE	13.	T) C		ADDITIONS/CITANGES TO OTT IOERO A	Change		2
TITLE	D	בן טבנבור	1						`\
NAME	LEE, KYUNG W		1.2 N		************				1 PO 1
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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:

SHANGER AND FRED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99 (727)823-6565