## 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 # P96000077865

1. Corporation Name

JAMES I ALIDET CORP

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90053 011 \*\*\*150.00

UNINEO (	S AODEN COM								
Principal Plac	e of Business	Mai	ling Address				1 (201123) 113 12113 21111 22111 22111 22111		***** **** (44)
3568 ADMIRALS WAY 3568 ADMIRALS WAY									
DELRAY BEACH FL 33483-8023 DELRAY BEACH FL 33483-8023			023			DO NOT WRITE IN T	HIS SPACE		
·							3. Date Incorporated or Qualifed	INS SPACE	<u>_</u>
							3. Date incorporated or Qualified 09/18/1996		ļ
3 5-1115	N	7 22	Mailing Address				4. FEI Number	I And	lied For
<b></b>	Place of Business	$\vdash$	Mailing Address				65-0697662	<del> </del>	Applicable
21 Suito Ant	# oto	26	Suite, Apt. #, etc.					\$8.75 A	
							5. Certifcate of Status Desired	Fee Re	
22							6. Election Campaign Financing	\$5.00	May Re
23		28	<b>,</b>				Trust Fund Contribution	Added to	
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year	r Intangible	
24	25	29	· ·	30			Personal Property Tax.		□No
	9. Name and Address of Curren						10. Name and Address of New Registe	red Agent	
					81	Name	···		
AUDET, JAMES J					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
3568 ADMIRALS WAY					"	Outer Au	agress (P.O. Box Number is Not Acceptable)		
DELRAY BEACH FL 33483-8023				83		-			
					84	Olb.		85 Zip C	ode
					04	City			
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statute	s, the a	bove	-named co	rporation submits this statement for the purpos	e of changing its	registered
⇒ ~~ office or.:	registered agent, or both, in the State	of,Florida	s. Such change was at Section 607:0505-Flor	ithorized ida Stat	d by i utes.	the corpora	tion's board of directors. I hereby accept the a	opointment as reg	isterea
	, <del>-</del>	110110 01,				•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if	applicable. (NOTE:	Registered	d Agen	t signature requ	ired when reinstating) DAT		
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		☐ DELETE	1.1 TI	ITLE			☐ Change	☐ Addition
NAME	AUDET, JAMES J			1.2 N	AME				
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TIFLE			☐ DELETE	3.1 T				☐ Change	☐ Addition
NAME				3.2 N					
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CITY-ST-ZIP	<b>6</b>			3.3 S	TREET	ADDRESS			
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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: