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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019959 (0)

L.A.D. PARTNERS, INC.

## FILED Apr 22 1998 8:00am Secretary of State



Displaced Close of Displace					
Principal Place of Business		Mailing Address		t	
9858 NW 2ND		9858 NW 2ND COURT			
PLANTATION FL 83324		PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE	
		,		3. Date Incorporated or Qualified	
				03/04/1997	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 171	05 River Oaks	26 1905 Riv	er Oaks	1 65-073594 8	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Stalus Desired	Fee Required
City & State	0	City & State	~ .	6. Election Campaign Financing	\$5.00 May Be
23 Ne.	STON, Fl.	28 Neston	<i>H</i> .	Trust Fund Contribution	Added to Fees
Zip	Country	7022221	Country	8. This corporation owes or has paid the c	urrent year Intangible
24 333	26  25 USA	29 77526 3	o USA	Personal Property Tax due June 30.	Yes 🛂 Yo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
GID	D <b>DENS</b> , STEPHENE	1	81 Name		
9858 NW 2ND COURT				fress (P.O. Box Number is Not Acceptable)	
PLA	ANTATION FL 33324		19	fress (P.O. Box Number is Not Acceptable)	
1			83		
1			84 City		85 Zip Code
				<i>esto</i> ~ F∣	し     2マセスノ
11. Pursuant t	to the provisions of Sections 697.050	2 gnd 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered
office or re	egistered agent, or both, in the State m familiuswith, and accept the oblida	of Horida. Such change was au aiens ch. S∞ation 607.0505.£05	thorized by the corpora on Statutes	ation's board of directors. I hereby accept the ar	pointment as registered
	ATTINIAL L	INabus Cal	na.	4/,	15/98
SIGNATURE	Signation lypy I or predict name of real free age	et and the Papph able (NO)	Registered Agent signature requ	rred when reinstating) DATE	21.10
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TATLE	D	☐ DELET <b>E</b>	1.1 TITLE	-	Change Addition
NAME	GIDDENS, STEPHENE		1.2 NAME	• •	
STREET ADDRESS	9858 NW 2ND COURT		1.3 STREET ADDRESS	1905 River Oaks	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CHIY-ST-ZIP	1905 River Oaks Weston, Fl. 3	3726
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELĒTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		İ
TITLE	<del></del>	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
			5.2 NAME		
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		nti ctc	5.4 City-St-ZIP		Change Addition
THTLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 Statules. I further certify that the information indicated on this annual report or supplied entity 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: X Stephene Gidalus Wsa 4/15/98 954-385-985