FILE NOV: 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 # **P97000043831**

DOD CADAM INC

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						0113	8100 (1980) (1980) (1980)	٠
Principal Place	e of Business	Mailing Address			• .			
1855 GRIFFIN R	ROAD	1855 GRIFFIN ROAD						
SUITE B-386		Suite B-386 Dania Fl 33004			DO NOT WRITE IN THIS SPACE			
DANIA FL 33004 US		US			3. Date Incorporated or Qualifed			
00		•			05/14/1997	•		}
2 Principal Pl	lace of Business	2a. Mailing Address	3		4. FEI Number		Applied For	
21		26	•	•	65-0761029	•	Not Applicable] %
Suite, Apt. #, etc.		Suite, Apt. #, et	C.		5 Cortifects of Status Desired \$8.75 Additional			1.5
22		27			5. Certificate of Status Desired	Fee	Required	
City & State	e	City_&_State		شعد سنس	-6. Election Campaign Financing		0 мау Ве	=-
23		28			Trust Fund Contribution	Adde	ed to Fees	-
Zip	Country	Zip	Coun	ry	8. This corporation owes the cur		—	
24 25		29			Personal Property Tax. Yes No			-
	9. Name and Address of Cur	rent Registered Agent	·	al sum	10. Name and Address of New	Registered Agent		┨
	OFF FILIOT		['	Name				
MEDOFF, ELLIOT			1	2 Street Add	Address (P.O. Box Number is Not Acceptable)			1
1350 S POWERLINE RD					75 75 75 75 75 75 75 75 75 75 75 75 75 7		2	4
SUITE 106			83		· · · · · · · · · · · · · · · · · · ·			
POM	IPANAO BEACH FL 33069		ļ.	34 City		85 Z	ip Code	7
	and the second second					<u> </u>	. 18	4
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Florida ate of Florida. Such change	Statutes, the above was authorized	ove-named corporation	poration submits this statement for the ion's board of directors. I hereby acce	ept the appointment as	registered	
0. agent. La	im familiar with, and accept the ob	ligations of, Section 607.050)5, Florida Statul	es. 				
D. agent. I.a SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.050	05, Florida Statut	es. 	ed when reinstating)	DATE		- (a
SIGNATURE 12.	im familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A	gent signature require	ed when reinstating):	DATE FFICERS AND DIREC	TORS IN 12	1,00)
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.050	(NOTE: Registered A 13. ETE 1.1 TITL	es gent signature require	ed when reinstating)	DATE	TORS IN 12	4 (44,00)
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS P SAPAN, BOB	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. ETE 1.1 TITL 1.2 NAA	es. gent signature require E	ed when reinstating):	DATE FFICERS AND DIREC	TORS IN 12	034 /44/00)
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS P SAPAN, BOB 510 LAYERS CIR #162	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. TEE 1.1 TITL 1.2 NAA 1.3 STR	gent signature requirs E E EET ADDRESS	ed when reinstating):	DATE FFICERS AND DIREC	TORS IN 12	725034 (44,000)
Day agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P SAPAN, BOB	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. ETE 1.1 TITL 1.2 NAM 1.3 STR 1.4 CTD	gent signature require E E EET ADDRESS - ST-ZIP	ed when reinstating):	DATE FFICERS AND DIREC	CTORS IN 12 ge Addition	0.00004 /
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS P SAPAN, BOB 510 LAYERS CIR #162	agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. ETE 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT ETE 2.1 TITL	gent signature require E E E EET ADDRESS - ST-ZIP E	ed when reinstating):	DATE FFICERS AND DIREC	CTORS IN 12 ge Addition	0.00004 /
Day agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P SAPAN, BOB 510 LAYERS CIR #162	ligations of, Section 607.050 agent and title if applicable. AND DIRECTORS	(NOTE: Registered A 13. ETE 1.1 TITL 1.2 NAA 1.3 STR 1.4 CTD ETE 2.1 TITL 2.2 NAA	es. gent signature require E E EET ADDRESS -ST-ZIP E	ed when reinstating):	DATE FFICERS AND DIREC	CTORS IN 12 ge Addition	DOEDSA /
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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 addition, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90014 033 ***150.00