Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90013 012 ***150.00

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 # P9700050002

1. Corporation Name

MANFRED H. LEDFORD, PH.D., INC.

Principal Place of Business Mailing Address									MULTU HOL IBOL
7970 S.W. 166TH STREET 7970 S.W. 166TH STREET									
MIAMI FL 33157 MIAMI FL 33157							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	OI NOL	
							06/05/1997		
2. Principal P	lace of Business	2a. Mailir	ng Address	,		_	4. FEI Number	Ar	plied For
21		26					65-0763092	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
		27				~~~.	- <u> </u>	<u> </u>	equired
City & State	e	City & State					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 Zip	Country	28 Zip		Cou	intry		This corporation owes the current year li		101003
24	25	29		30			Personal Property Tax.	Yes	X _{No}
[27]	9. Name and Address of Currer		Agent	14-1			10. Name and Address of New Registered	Agent	
				_	81	Name			į
	FORD, MANFRED H				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	S.W. 166TH STREET								
MIAP	MI FL 33157		•		83				
1					84	City		85 Zip	Code
		20 4 007 450	O Florido Ctoto		<u> </u>	-amad sara	oration submits this statement for the purpose of	- 1 1	registered
l office or r	egistered agent, or both, in the State	of Florida. Suc	ch change was a	uthorize	by to	the corporation	on's board of directors. I hereby accept the appoint	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section	on 607.0505, Fig	orida Stat	utes				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applical	ble. (NOTI	Registered	l Ager	t signature require	d when reinstating) DATE		
12.		ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D		☐ DELETE	1.1 TI	TLE	i		Change	☐ Addition
NAMĖ	LEDFORD, MANFRED H			1.2 N	AME		,		ł
STREET ADDRESS	+			1.3 \$	TREET	ADDRESS	,		1
CITY-ST-ZIP	MIAMI FL 33157		☐ DELETE	_	ITY-S	r-ziP		Change	Addition
TITLE			☐ DELETE	2.1 1				□ Charige	
NAME				2.2 N					ļ
STREET ADDRESS	, *				-	T-ZIP	سنت دهام ميد بيسينه چارم امي الاستان الذبيان		
TITLE			☐ DELETE	3.1 7		1+21		Change	☐ Addition
NAME .			_	3.2 N		1			
STREET ADDRESS				3.3 S	TREE	ADDRESS		_	-
City-St-ZIP				3.4. 0	ITY-S	T-ZIP			
TITLE			() DELETE	4.1 To	TLE			Change	☐ Addition
NAME				4. 2 N	AME		,		ļ
STREET ADDRESS				4.3 S	TREE	ADDRESS			{
CITY-ST-ZIP					ITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 T			•	☐ Change	☐ Addition
NAME				5.2 N		********	•]
STREET ADORESS					KEE	ADDRESS			
CITY-ST-ZIP	}				m,				
TITLE			☐ DELETE	5.4 C	TTY-S	T-ZIP		Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP .*