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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000051443

CARDOZO GROUP OF COMPANIES, INC.

Fillicipal Flace of	Driameaa
7601 E TREASURE	

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90102 019 ***158.75



O BAY VILLAG	IRE DR STE 1009 GE FL 33141	7601 E TREASURE DR STE 1009 NO BAY VILLAGE FL 33141		DO NOT WRITE	IN THIS S	PACE		
					3. Date Incorporated or Qualifed 06/09/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		L A	pplied For
1		26			65-0771494		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	≼	• -	Additional
2		27						equired
City & State	g	City & State		-	6. Election Campaign Financing Trust Fund Contribution	J .		May Be to Fees
Zip 4	Country 25	Zip 29 3	Country 30	/	This corporation owes the current Personal Property Tax.		ngible Yes	□No
<u>. </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered A	gent	
	-		81	Name				
CARDOZO, NOTWEN 7601 E TREASURE DR STE 1009				Street Add	dress (P.O. Box Number is Not Acceptable)		
NO E	BAY VILLAGE FL 33141		83					
			84	City		FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	thorized by	the comporat	poration submits this statement for the pulion's board of directors. I hereby accept the	rpose of cl he appoint	hanging it ment as r	s registered egistered
SIGNATURE		ANTE E	Panistand Aga	et signatura requir	rad when reinstating)	DATE		
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · ·		int signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECT	ORS IN 12
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Indicated on this annual report or supplied with his filling does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I further certify that the middleted 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 of an attachment with an address, with all-other like empowered.

SIGNATURE: