Applied For

\$8.75 Additional

\$5.00 May Be

Added to Fees

□No

Fee Required .

Not Applicable

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

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Suite, Apt. #, etc.

City & State

Zip

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000066045

1. Corporation Name

Suite, Apt. #, etc.

City & State

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THE BIRDIE MAKER, INC.

Principal Place of Business	Mailing Address
1300 S.E. 17TH STREET SUITE #204 FORT LAUDERDALE FL 33316	1300 S.E. 17TH STREET Suite #204 Fort Lauderdale FL 33316
2. Principal Place of Business	2a. Mailing Address

Country

25

## **FILED** Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90009 044 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible Personal Property Tax.

07/28/1997

65-07741<u>13</u>

4. FEI Number

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
	81	Name	·
MORAN, ROBERT J. W.	82	Street	Address (P.O. Box Number is Not Acceptable)
1300 S.E. 17TH STREET		30000	Addless (F.O. DDX Mailled is Not Acceptable)
SUITE #204	83		
FORT LAUDERDALE FL 33316			
	84	City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St	zed by 1	the corpo	oration's board of directors. I hereby accept the appointment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.	·	t signature r	required when reinstating) DATE
	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	1 TITLE		☐ Change ☐ Addition
MOINT, MODELLI	2 NAME		
5//CE//D5/CE5	.3 STREET	ADDRESS	
511 57 211	4 CITY-ST	-ZIP	
	.1 TITLE		☐ Change ☐ Addition
NAME MORAN, SONJA J 23	2 NAME	j	
STREET ADDRESS 1300 SE 17TH ST, STE 204	.3 STREET	ADDRESS	
6// 6/ 2/ T = 10 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	. 4 CITY-S	T-ZIP	
TITLE DELETE 3:	.1 TITLE		☐ Change ☐ Addition
NAME 3.3	2 NAME		
STREET ADDRESS 3.3	.3 STREET	ADORESS	
011-01-21	.4. CITY-S	T-ZIP	
TITLE DELETE 4.1	.1 TITLE		☐ Change ☐ Addition
NAME 4.	. 2 NAME		
STREET ADDRESS	.3 STREET	ADDRESS	
911 61 23	.4 CITY-\$1	- ZIP	
TITLE □ DELETE 5:	.1 TITLE		☐ Change ☐ Addition
NAME 5.2	.2 NAME		
STREET ADDRESS 5.	.3 STREET	ADDRESS	
	4 CITY-ST	-ZIP	
III.E	.1 TITLE		☐ Change ☐ Addition
NAME - 7 7 7 7 7 7 5 5	2 NAME		
STREET ADDRESS	.3 STREET	ADDRESS	
CITY-ST-ZIP	.4 CITY-\$1	-ZIP	The state of the s

Country

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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 of an attachment with an address, with all other like empowered.

**SIGNATURE:** 

ROBERT J.W. MORAN, PRES.

8/17/99

Date

(954) 768-0707

Daytime Phone #