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

DOCLIMENT

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90107 001 ***150.00

r. Corporation	OUSTRIES, INC.						-
Principal Plac	e of Business	Mailing Address				- I I Darcker in Intri Inkli dair dair adin adin adin atin Ika and i	(80) (18) (88)
C/O MAYDAY'S 1513 SW 5 PLACE 7501 PEMBROKE RD. SUITE D FT LAUDERDALE FL 3331.2 PEMBROKE PINES FL 33023						DO NOT WRITE IN THIS SPACE	
· cwbnone · ii	120 12 000F0					3. Date Incorporated or Qualifed 08/04/1997	
2 Principal P	lace of Business	2a. Mailing Address				 _ 	led For
26							Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 4	
27						5. Certificate of Status Desired	uired
City & State City & State 28						6. Election Campaign Financing S5.00 A	
Zip	Count y Zip 29 36			Country		8. This corporation owes the current year ir tangible Personal Property Tax.	No
	9. Name and Address of Curre		<u></u>			10. Name and Address of New Registered Agent	
				81	Name		
SCHMIEDEKE, ROSE 1513 SW 5 PLACE			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT L	AUDERDALE FL 33312		1	83			
]	_			
			1,	B4	City	FL. 85 Zip C	oce
office or o agent. I a SIGNATURE	egistered agent, or both in the Stat in familiar with, and accupt the oblig Signature, typed or printed name of registered as	e of Florida. Such change was au gatior's of, Section 607.0505, Flori	horized i Ja Statut	by ti	he corporation		istered
12.	P OFFICERS F	ERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition
NAME	SCHMIEDEKE, ROSE	_					[]
STREET ADDRESS	ALL ALLE DI				ADDRESS		ļ
City-St-Zip	T 1410 FL 00040		1.4 CITY				ļ
TITLE		DELETE 211				Change	[] Addition
NAME	221		2.2 NAM	ΙE			1
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP			2.4 CIT	Y-ST	- ZIP		
TITLE		DELETE 3.1		E		☐ Change	[] Addition
NAME			3.2 NAM		1		Ì
STREET ADDRESS					ADDRESS		}
CITY-ST-ZIP				3.4. CITY-ST-ZIP		Change	Addition
TITLE NAME		C Deffic	4. 2 NAM		}		
STREET ADDRESS			lt -		ADDRESS		}
CITY-ST-ZIP			44 CITY				
TITLE			51 TITU	_		_] Change	Addition
NAME			5.2 NAM	Æ	[
get ADORESS			5.3 STRI	EET A	ADDRESS		}
I ST-ZIP				′- ST-	ZIP		
THE .			6.1 TITL	ı		[Change	Addition
-			6.2 NAM				
· ·· 🕒 AUDRESS			6.3 STR	EET A	ADDRESS		

st-zip

i.i. 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 coath; 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 rame appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Rose Schmiedeke April 26, 1999 (954) 462-2111