**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700068636

1. Corporation Name

PEEDEES NEW WORLD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90055 029 \*\*\*150.00



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) 9559 Harding	3 AVENUE	9559 HARDING AVENUE								
SURFSIDE FL		SURFSIDE FL			DO NOT WRIT	E IN TUIC	en ve	-		
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}					3. Date Incorporated or Qualifed 08/07/1997	٠.				ı
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		· -[	App	lied For	i
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Suite, Apt.		Suite, Apt. #, etc.					\$8.	75 Ac	ditional	i
22		27			5. Certifcate of Status Desired	П	Fe	e Req	uired	
City & State	te	City & State	_		6. Election Campaign Financing		\$5	00 N	May Be	
23 MIANI, FL.		28 MIAMI, FL.			Trust Fund Contribution			ded to		
Zip - O	Country	Zip	Country		8. This corporation owes the curre	ent vear Inta	angible			
33	3185 <sub>[25]</sub>	29 33185 30	]		Personal Property Tax.	,	∐Yes	. 6	ZNo .	
<del></del>	9. Name and Address of Curren				10. Name and Address of New R	egistered .	Agent	•		
		<del></del>	81	Name						
1	rsh, Brian R			01	(D.O. Day Musels and Mark Assessed		<del></del> -			
1	West flagler street suite 6	602	82	Street Addr	ess (P.O. Box Number is Not Accepta	oie)	· :			
BISC	CAYNE FL 33130-4477		83							
	•	•								
			84	City		FL	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-n	named corpo	oration submits this statement for the	ourpose of	changir	ng its re	egistered	
l office or n	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was autho	orized by the	e corporatio	on's board of directors. I hereby accept	the appoir	ntment a	as regi	stered !	
agent. i a		<b>-</b>								
agent. ra: SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: Reg	gistered Agent sig	gnature required	d when reinstating)	DATE		0700		í
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent sig		d when reinstating) ADDITIONS/CHANGES TO OFF					6
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: Reg	13.		ADDITIONS/CHANGES TO OFF		D DIRE		S IN 12	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, RAJAN B	t and title if applicable. (NOTE: Reg D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF					
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN D PATEL, RAJAN B 9559 HARDING AVENUE	t and title if applicable. (NOTE: Reg D DIRECTORS	13.	D PA	ADDITIONS/CHANGES TO OFF TEL, RATAN B. 153 SW 43 LN.					
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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 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