## 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 # P97000091721 1. Corporation Name

KANDID BROKERAGE AGENCY OF FLORIDA INC.

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Principal Place	of Business	Mailing Address						
4040 DURANT STREET 4040 DURANT STREET								
PT. CHARLOTTE FL 33948		PT. CHARLOTTE FL	PT. CHARLOTTE FL 33948			DO NOT WRITE IN THIS SPACE		
**						3. Date Incorporated or Qualifed		
						. ,		
		·				10/23/1997		Applied For
<ol><li>Principal Pla</li></ol>	ace of Business	2a. Mailing Address	;			4. FEI Number	/ —	:
1		26				65-0789607		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc	C. '			5. Certifcate of Status Desired	47/	5 Additional Required
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
3		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the curre	ent year Intangible	
_ `	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cu		[30]	1		10. Name and Address of New R	tegistered Agent	
	9. Name and Address of Co			81	Name	,		
DLUA	44.45 CARLY							
4040	MMER, EMILY DURANT STREET	OF DEPOT A		82	Street Add	ress (P.O. Box Number is Not Accepta	ible)	<del>21. 1. 127 - 127 (23)</del>
PT. C	CHARLOTTE FL 33948			83				
		•		84	City		FI 85 Z	ip Code
agent, i ar	egistered agent, or both, in the o	obligations of, Section 607.050	05, Florida Sta	atutes.	ano corporan	poration submits this statement for the ion's board of directors. I hereby accepted when reinstating) ( 1. 14.2.)	of the appointment as	s registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the ol	obligations of, Section 607.050	05, Florida Sta	etutes.	ano corporan		DATE FICERS AND DIREC	CTORS IN 12
agent. I ar	egistered agent, or both, in the S m familiar with, and accept the ol	ed agent and title if applicable.	05, Florida Sta	etutes.	ano corporan	ed when reinstating)⟨; ; √, ½;	DATE	CTORS IN 12
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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

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 30, 1999 8:00am

**Secretary of State** 

01-30-1999 90008 029 \*\*\*158.75