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 # P97000093423 1. Corporation Name

CLOUDY DAZE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90220 044 ***150.00



Principal Place	ce of Business Mailing Address				() () () () () () () () () ()			
3521 W. BROWA	ARD BLVD.	3521 W. BROWARD BLVD.			,			
FT LAUDERDALE		FT LAUDERDALE FL 33312			DO NOT MIDITE IN THIS	00405		
					DO NOT WRITE IN THIS	SPACE	<u> </u>	
					3. Date Incorporated or Qualifed			
					10/30/1997	 _		
2. Principal P	Place of Business	2a. Mailing Address	.110	A1 1	4. FEI Number		Applied For	
21 36 1	4 Davie Blud		Vie	Blud	65-0791366		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	May Be	
23 Ft.	Lauderdale, FL.	28 Ft. Lauder	dale	FL	Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Into	angible		
24 333	12 [25]	29 3351 2 3	o		Personal Property Tax.	Yes	ØNo	
24 992	9. Name and Address of Current		*		10. Name and Address of New Registered	Agent		
-			81	Name				
THEA	IRD, FRANTZ A		82					
3521 W. BROWARD BLVD.					ess (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33312				361	Davie Blud			
	RODERDALE I E 333 IZ		83					
			84	City	(- (a() (- FI	85 Z	ip Code	
	<u> </u>			<u> </u>	Laudeddale FL	• 1 1		
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	if Florida. Such change was auth	horized by t	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ntment as	registered	
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent	signature required	f when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PSTD	☐ DELETE	1.1 TITLE			Chang	ge Addition	
NAME	THEARD, FRANTZ A		1.2 NAME					
STREET ADORESS	3521 W. BROWARD BLVD.		1.3 STREET	ADDRESS				
	ET LAUDEDDALE EL COCAC		1.4 CITY-ST	i				
TITLE			2.1 TITLE	-211		☐ Chang	ge Addition	
NAME			2.2 NAME					
			2.3 STREET	ADDRESS				
STREET ADDRESS					en e			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST 3.1 TITLE	1- ZIP		Chang	e Addition	
TITLE	1							
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ļ .				
CITY-ST-ZIP			3.4. CITY-S	r-ZIP				
TITLE	☐ DELETE 4.1		4.1 TITLE		,	Chang	ge	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition	
l			52 NAME					

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Addition

☐ Change