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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000098429 (8) DOCUMENT #

ASTRID ENTERPRISES, INC.

FILED Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							- 1 10031001 110 10111 10011 00111 00111 00114 00118 15/07 10111 07016 4/6/07 4/6/17 4/6/1	
4360 NORTHLAKE BLVD. STE 205 4360 NORTHLAKE BLVD. ST								
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS						U		DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								11/17/1997
2. Principal f	Place of Busic	ness	2a.	2a. Mailing Address				4. FEI Number Applied For
21				Suite Ant # ata				65-679 559 Not Applicable
Suite, Apt. #, etc.				Suite, Ap1. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State				City & State			•	6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip 24					ıntry		8. This corporation owes or has paid the current year Intangible	
24 25 29 30 3						1		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
MARTIN E. WASHOFSKY, E.A., P.A.							Name	10, ratio and Address of the Hogistered Agent
4360 NORTHLAKE BLVD, STE 205								
PALM BEACH GARDENS FL 33410						82 Street Address (P.O. Box Number is Not Acceptable)		
, ,			• • • •			83		
_						64	City	85 Zip Code
<u> </u>							•	╊ L │┆┆
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Stand to the			4	ore B. I.			
Signature, typed or printed name of registered agent and title if applicable (NOTE 12. OFFICERS AND DIRECTORS						gistered Agent signature required when reinstating) 13. ADDITION		ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1.1 Ti	TLE		☐ Change ☐ Addition
NAME MORASCH, LUDWIG STREET ADDRESS 4360 NORTHLAKE BLVD, STE 2				1.2 N		AME		
STREET ADDRESS		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP PALM BEACH GARDENS FL 33410					1.4 CITY-ST-ZIP			
TITLE				☐ DELETE	DELETE 2.1 TI			Change Addition
NAME				2.21		AME		
STREET ADDRESS				1		2.3 STREET ADDRESS		
CITY-ST-ZIP				☐ DELET E	2. 4 CITY-ST-ZIP DELETE 3.1 TITLE		T-ZIP	Charles Addition
TITLE NAME				3.2 NA				L] Change L. Addition
STREET ADDRESS							YDDDEGG	
CITY-ST-ZIP					3.3 STREET ADDRESS 3.4. CITY - ST - ZIP			
TITLE			····	DELETE 4.1 TIT			1-2Ir	Change Addition
NAME					4.2 N	AME		
STREET ADDRESS					4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	<u> </u>				4.4 C	TY-ST	- ZIP	
TITLE				DELETE	5.1 Ti	TLE.		☐ Change ☐ Addition
NAME					5.2 NA	ME		
STREET ADDRESS					5.3 ST	REET /	address	
CITY-ST-ZIP					5.4 Ci		- ZIP	
TITLE				DELETE	6.1 T(1			Change
NAME					6.2 NA			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	ortify that the	information eunnii	ad with this fi	ling does not qualify	6.4 CI			Section 119 07/9Vi) Florida Statutos I further earlifu that the information

Indicated on this annual report or 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 chapted, or on an attachment with an address.

. MORAZIA