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 # P97000103087 1. Corporation Name

PDR-CHIRAL INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90028 048 ***150.00



	<u></u>									.0 0
Principal Place of Business Mailing Address										
3 OLD MEADOW WAY 3 OLD MEADOW WAY										
	ARDENS FL 33418	PALM BE	PALM BEACH GARDENS FL 33418							
•							DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
							12/05/1997			<u> </u>
2. Principal Pl	ace of Business	2a. Mail	ing Address			•	4. FEI Number		<i>F</i>	Applied For
21			26				65-0812762			Not Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				Codificate of Status Desired		\$8.75	Additional
22							5. Certifcate of Status Desired		Fee F	Required
City & State City & State							6. Election Campaign Financing		\$5.00	May Be
─ `		_ ⊢ `	28				Trust Fund Contribution			d to Fees
23	Country	Zip		Coun	trv		8. This corporation owes the curr	ent vear Int	angible	$\overline{}$
—				_					□No	
24	25 Cum	29		30			10. Name and Address of New F	Registered A		
	9. Name and Address of Curr	ent Registered	Agent	1	81	Name	IQ. Harre and realized of them t		190	
VANI	K CADV				١,	radino			<u></u>	
YANIK, GARY]:	82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
8718 MAN O WAR ROAD				L	_					
PALN	i Beach Gardens FL 33418	,		1	83					
				- 1	}			-	es 7i	p Code
				ľ	84	City		FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607.0	502 and 607 15	08 Florida Statute	es the ah	ove.	-named corpo	pration submits this statement for the	purpose of	changing i	ts registered
office or re	enistered agent or hoth in the Sta	te of Florida. Su	ich change was al	utnorizea	DV I	ine comoratioi	n's board of directors. I hereby accel	ot the appoir	ntment as	registered ,
agent. I ar	n familiar with, and accept the obli	gations of, Sect	ion 607.0505, Flo	rida Statu	tes.					
SIGNATURE	•				_			·		
	Signature, typed or printed name of registered a			: Registered /	\gent	t signature required		DATE		
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P		☐ DELETE	1.1 TIT	.E				Change	3 Modition
NAME	YANIK, GARY		• • •	1.2 NAX	Æ					
STREET ADDRESS	8718 MAN-O-WAR ROAD		;	1.3 STF	EET	ADDRESS				\
CITY-ST-ZIP	PALM BEACH GARDENS FL	33418		1.4 CIT	Y-ST	r-ZIP				
TITLE	VP		☐ DELETE	2.1 TITL	_				Change	e 🔲 Addition
				2.2 NAM						ſ
NAME	YANIK, LYNDA									1
STREET ADDRESS	8718 MAN-O-WAR ROAD			1		ADDRESS				ļ
CITY-ST-ZIP	PALM BEACH GARDENS FL	33418		2.4 CIT	_	T-ZIP	_~			a Dadition
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NAME ;	•			3.2 NA	Æ					1
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TITLE			☐ DELETE	4.1 TITI	_				☐ Change	e
				1						_
NAME {				4. 2 NA						
STREET ADDRESS				4.3 STF	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP				
TITLE			☐ DELETE	5.1 TITI	Æ	[Change	e 🔲 Addition
NAME				5.2 NA	ИE					
STREET ADDRESS				5.3 STR	REET	ADDRESS		•		ì
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CfTY-ST-ZIP			☐ DELETE	6.1 TITL					☐ Change	e
TITLE			5	6.2 NA		1				
NAME						4000000				
STREET ADDRESS				■ 6.3 ST	KEE Í	ADDRESS				

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 in changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP