FILED May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOOLINAENT #

DOCO	MEM # P98000	U1149:	5			- [
1. Corporation	WELCO KID INC.										
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6		2000	03 0-1		C .	1					
(See Amendment attached) Principal Place of Business Mailing Address							A STREAM WATER TO THE REAL PROPERTY OF THE PRO	IEL er iki esteli il	adi iffil diata i	Atal Aric (ba)	
•											
3700 GALT OCEAN DRIVE 3700 GALT OCEAN DRIVE SUITE 1506											
SUITE 1506 SUITE 1506 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308							DO NOT WRITE IN THIS SPACE				
	- 1					ſ	3. Date incorporated or Qualifed]	
							02/05/1998		<u>.</u>		
2. Principal Pl	lace of Business	2a. Mailing	Address				4. FEI Number	\ J		olied For	
21		26					65-081040	<u> </u>		Applicable	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27							Fee Rec		
City & Stat	Α	City & S	:tato				6. Election Campaign Financing		\$5.00		•
23	·	28]				+	Trust Fund Contribution		Added to) Fees	
Zip	Country	Zip	r—	Country	,		8. This corporation owes the curr			□No	
24	25	29	30	<u>) </u>			Personal Property Tax. 10. Name and Address of New F				
	9. Name and Address of Current	Registered Ag	ent	81	Name	-			Anue		
ALSE	COL AWAYED			_	,	50					
AMERILAWYER 343 ALMERIA AVENUE			82 Street Addre			(P.O. Box Number is Not Accepts Gal+ Ocean D	sble) # 1	50/2			
	VAL GABLES FL 33134			83		00	Galt Clean D	7 , - 1,	200		
CON	NE CHOLES PE 30104			•°	<u>'</u>						
				84	City	<u>_,</u>	1	FL	85 Zip C	3308	
				<u> </u>			Lauderdale		handan ita	conjetorod	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	2 and 607.1508, of Florida, Such	Florida Statutes, change was auth	, the abov porized by	the corpo	ration's	board of directors. I hereby accept	ot the appoin	tment as reg	pistered	
agent. l a	im familiar with, and accept the obligati	ions of, Section	607.0505, Florida	a Statute	B			0	7 00	1	
agent. I a	Jan Vms+2 as	ed Kort						april	7-99	}	-
SIGNATURE	Significant, typed or provided name of registered against	and the II applicable.		gistered Age	s. ni signature re		en renstating)	COL I			(38)
SIGNATURE	Strations, types or private name of recipient agent	and the II applicable.						COL I			(11/98)
SIGNATURE 12. TITLE	Significant, typeld or priviled name of hospital agent OFFICERS AND	and the II applicable.	(NOTÉ: Re	13. 1,1 TITLE			en renstating)	COL I	P-97	RS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Stockers, typed or profile name of recipied agent OFFICIERS AND KANTZAVELOS, SAM	and the II applicable.	(NOTÉ: Re	13. 1.1 TITLE 1.2 NAME	ril signature re		en renstating)	COL I	P-97	RS IN 12	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typeld or profess name of recipied agent OFFICERS AND PO KANTZAVELOS, SAM 3700 GALT OCEAN DRIVE	and the II applicable.	(NOTÉ: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ril signature re		en renstating)	COL I	P-97	RS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, types or provide name of recipied agent OFFIGERS AND PD KANTZAVELOS, SAM 3700 GALT OCEAN DRIVE FT LAUDERDALE FL 33308	and the II applicable.	(NOTE: RI	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5	ril signature re	quired wi	an remetating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOI	RS IN 12	CR2E034 (11/98)
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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 suppliemental annual report is true and occurate 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.

SIGNATURE:

MING OFFICER OR DIRECTOR

april 7/99