## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90006 002 \*\*\*550.00

OCUMENT  Corporation Name	#	P98000011958

INICHADA	A MANAGEMENT, INC.	**				<b>4</b> :11 <b>44:11 44:4: 1144:</b>	
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Principal Place	e of Business	Mailing Address	<del></del>		<u> </u>	8141 <b>88</b> 111 <b>88181</b> 41 <b>88</b> 1	
11927 CATRAKI	EE DRIVE	11927 CATRAKEE DE	RIVE				
JACKSONVILLE	FL 32223	JACKSONVILLE FL 3	2223		DO NOT WE	ITE IN THIS SPA	ACE
					3. Date Incorporated or Qualified		AUE
					02/06/1998		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	1200 01 200111020	26			4. FEI Number 59-349693	53	Not Applicable
- Suite, Apt.	#, etc.	Suite, Apt. #, et	c.				8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & State	8	City & State		······	Election Campaign Financing     Trust Fund Contribution	Г	\$5.00 May Be Added to Fees
Zip	Country	28    Zip	Cou	intry	8. This corporation owes the cur	eront upor	Added to 1 ces
24	25	29	30	,	Intangible Personal Property.	• —	es 🔲 No
	9. Name and Address of Curre				10. Name and Address of New	Registered Age	ent
		_ <del></del>		81 Name	M'I Soull Sou	auson	
	RILAWYER			82 Street Addr	ress (P.O. Box Number is Not Accept	lahla\	
	ALMERIA AVENUE				11927 Catral		
COR	AL GABLES FL 33134			83		-	
				84 City —		8	5 Zip Code
				S   S   T	acksonvilla	FL I°	5 Zio Code 32223
11. Pursuant	t to the provisions of sections 607,950	2 and 607.1508, Florida 5	Statutes, the ab			1	
11. Pursuant office or agent. Is	t to the provisions of sections 607,950 registered agent, or both, in the state arm familiar with and appear the oblig	02 and 607.1508, Florida S e of Florida. Such change pations of, section 607.050	Statutes, the ab was authorized 05, Florida Stat			ourpose of chang opt the appointme	ing its registered ant as registered
11. Pursuant office or agent. I t	Milliay D	der		ove-named corpo d by the corporation tutes.	ration submits this statement for the pon's board of directors. I hereby access	ourpose of chang opt the appointme	ing its registered ant as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registe		ration submits this statement for the pon's board of directors. I hereby accelling the when reinstating)	purpose of chang ppt the appointme	ing its registered ent as registered
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SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AI PSTD	ent and title if applicable.	(NOTE: Registe 13,	ove-named corpo d by the corporati tutes. and Agent signature requ	ration submits this statement for the pon's board of directors. I hereby accelling the when reinstating)	purpose of chang up the appointment  7-28  DATE  FICERS AND D	ing its registered ent as registered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

Carlo dens

TITLE

NAME

STREET ADDRESS

DELETE

904-880-8889 Daytime Phone #

Change \_\_\_ Addition