## 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** 

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90059 029 \*\*\*150.00

## DOCUMENT # P98000026599

DIATOM DEVELOPMENT, INC.

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				—{		(B) (B) (B)
Principal Place of Business Mailing Address						
1821 SOUTH D	IXIE HIGHWAY	1821 SOUTH DIXIE HIGHWAY				
POMPANO BEA	ICH FL 33060	POMPANO BEACH FL 33060		DO NOT MIDITE IN THE	SDACE	
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 03/23/1998		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Ap ا	plied For
21 570	6 N.E. ILITH AVE	. 26 5706 NE	16 AVE	61-0820931	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	~	5. Certificate of Status Desired	~~\$8.75 <sup>-</sup> /	dditional
22 <i>Ff.</i> L City & Stat	auderdale, FL	27 Fr. Laudeva	dale, FL	6 Flaction Comparing Financing	Fee Re \$5.00	<del></del>
	S.d. itsa	<u> </u>	USA	Trust Fund Contribution	Added 8	
23 <u>333</u> 3	S Y U A M	28 3334 Zip Ci	ountry			0.000
Zip	Country		outiny.	8. This corporation owes the current year Inf	Zives	□No
24	25	29 30	<u></u>	Personal Property Tax.		
<del></del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	VA Aut	
MAHEDY, THOMAS			oi Name			
			82 Street Address (P.O. Box Number is Not Acceptable)			
	S NE 16TH AVE			· · · · · · · · · · · · · · · · · · ·		
FT LAUDERDALE FL 33334			83	- ;		
		,	84 City	FL	85 Zip (	Code
			<u> </u>		abanaina ita	Foristored
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligation	of Florida. Such change was authoriz	ed by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appor	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	red Agent signature required	d when reinstating) DATE	·	
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D		TITLE		Change	Addition
NAME	MAHEDY, THOMAS	1,2	NAME			
	FTOO NE ACTULANT	B	STREET ADDRESS			
STREET ADDRESS				•		
CITY-ST-ZIP	FT LAUDERDALE FL 33334	——————————————————————————————————————	CITY-ST-ZIP		Change	☐ Addition
TITLE	·		TITLE	•	□ ouanâe	_ Addition
NAME		2.2	NAME			
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CITY-ST-ZIP			4 CITY-ST-ZIP	·		
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NAME		3.2	NAME			
STREET ADDRESS	[	3.3	STREET ADDRESS			
			I. CITY-ST-ZIP			
CITY-ST-ZIP TITLE			I TITLE		☐ Change	Addition
			2 NAME		. =	•
NAME				•		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		Change	Addition
TITLE			ITITLE	•	L Change	L.J AUGIDON
NAME			2 NAME			
STREET ADDRESS	:		STREET ADDRESS	•	-	
CITY-ST-ZIP	·		CITY-ST-ZIP			
TITLE		DELETE 6.1	TITLE	, -	Change	☐ Addition
NAME		62	NAME			
l .		■	1			
CTDEET ADDPECC	1		STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		6.3	ì			

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.

SIGNATURE: