PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90123 029 \*\*\*150.00

|   |   | ·                                   |        |             |  | <del>_</del>   |                    |                    |
|---|---|-------------------------------------|--------|-------------|--|--|--------------------|--------------------|
| ,, 00 par-                                    | IMENT # P9800(<br>DOD GROUP, INC        | 0030246<br>V                        | /      |             |  |  |                    |                    |
| Dut 1 Dt                                      | on of Duciness                          | Mailing Address                     |        |             |  | { 1 FOR STRING SAID JRIND SOURCE BATTLI AND SHI \$60714 A DITL   | ABRI BRIDE HILL B. | Athin Biu igni     |
| Principal Plac                                | <b>-</b>                                |                                     |        |             |  |  |                    |                    |
| 14513 MIDDLEFIELD LANE 14513 MIDDLEFIELD LANE |   |                                     |        |             |  | •  |                    |                    |
| ODESSA FL 33556 ODESSA FL 33558               |   |                                     |        |             |  | DO NOT WRITE IN THI  | S SPACE            |                    |
|   |   |                                     |        |             |  | 3. Date Incorporated or Qualifed   |                    |                    |
| l<br>I  |   |                                     |        |             |  | =:   |                    |                    |
|   |   |                                     |        |             |  | 03/30/1998   | <del></del>        | plied For          |
| 2. Principal Place of Business                |   | 2a. Mailing Address                 |        |             |  | 4. FEI Number 59 - 350 3313  | 1 - 1 - i          | t Applicable       |
| 21  |   | 26                                  |        |             |  | 7 1- 27- 7217  |                    |                    |
| Suite, Apt                                    | t. #, etc.                              | Suite, Apt. #, etc.                 |        |             |  | 5. Certificate of Status Desired   | \$8.75 A           |                    |
| 22  |   | - 27                                |        |             |  |  |                    | <del></del>        |
| City & State                                  |   | City & State                        |        |             |  | 6. Election Campaign Financing   | \$5.00             |                    |
| 23  |   | 28                                  |        |             | Trust Fund Contribution Added to Fees                |  |                    |                    |
| Zip Country                                   |   | Zlp Country                         |        |             | 8. This corporation owes the current year Intangible |  |                    |                    |
| 24  | 25                                      | 29                                  | 30     |             |  | Personal Property Tax.   |                    | □No                |
|   | 9. Name and Address of Curre            | rit Registered Agent                |        |             |  | 10, Name and Address of New Registered   | Agent              |                    |
|   |   | · —                                 |        | 81 Na       | me   |  |                    | - 1                |
|   | NAMARA, THOMAS P                        |                                     |        | 82 Stn      | net Addr   | ess (P.O. Box Number is Not Acceptable)  |                    |                    |
| 290   | 9 Bay to bay blyd                       |                                     |        | 34          | oot mage   | ass (* .c. cox realises in very morphore)  |                    | <b>,</b>           |
| SUI   | ITE 309                                 |                                     |        | 83          |  |  |                    |                    |
| TAN   | MPA FL 33629                            |                                     |        | <u> </u>    |  |  |                    |                    |
| •   |   |                                     |        | 84 Cit      | F  | FI   | 85   Zip C         | Code               |
|   | •                                       |                                     |        | <u>l. l</u> |  |  |                    |                    |
| agent. I s<br>SIGNATURE                       |   |                                     |        |             |  | oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the purp |                    |                    |
| 12.   | OFFICERS A                              | OFFICERS AND DIRECTORS              |        | t3.         |  | ADDITIONS/CHANGES TO OFFICERS A  |                    | RS IN 12           |
| TITLE   | D                                       | ☐ DELETE                            | 1.1 TI | TLE .       |  |  | [] Change          | RS IN 1.2 Addition |
| NAME  | BRUDER, STEVEN E                        |                                     | 1.2 N  | AME         | ĺ  |  |                    | 1                  |
| STREET ADDRESS                                | 44546 44664 FFIELD 1 444                |                                     |        | TREET ADDR  | ESS  |  |                    | i                  |
|   | ODESSA FL 33556                         |                                     |        | TY-ST-ZIP   |  |  |                    |                    |
| CITY-ST-ZIP                                   | ODESCA TE SOCIO                         | DELETE                              | 2.1 17 |             | +  |  | Change             | Addition           |
| MILE  |   | - Journe                            |        |             | i i  |  |                    | [                  |
| NAME  |   |                                     | 22 N   |             | ł  |  |                    | 1                  |
| STREET ADDRESS                                | s                                       |                                     |        | TREET ADDR  | ESS  |  |                    | i                  |
| CTTY-ST-73P                                   | · · · · · · · · · · · · · · · · · · ·   | <u> </u>                            | _      | ITY-ST-ZIP  |  |  |                    | - Adams            |
| TITLE   | •                                       | DELETE                              | 3.1 11 | TLE         |  |  | ☐ Change           | Addition           |
| NAME  |   |                                     | 3.2 N  | AME         | 1  |  |                    |                    |
| STREET ADDRESS                                | s                                       |                                     | 3387   | REET ADDR   | SS   |  |                    | - 1-               |
| CITY-ST-ZIP                                   |   |                                     | 3.4.0  | TY-ST-ZIP   | _1_  |  |                    |                    |
| TITLE   |   | ☐ DELETE                            | 4.1 TI | TLE         |  |  | Change             | Addition           |
| NAME - "                                      | 1                                       |                                     | 4.2 N  | AME         | 1  |  |                    |                    |
| STREET ADDRESS                                |   |                                     |        | REET ADOR   | ess  |  |                    | 4                  |
|   | •                                       |                                     |        | 1Y-ST-ZIP   | _1   |  |                    | ł                  |
| CITY-ST-ZP                                    | <del> </del>                            | DELETE                              | 5.1 Π  |             | -  |  | Change             | Addition           |
| TITLE   | 1                                       |                                     | 52 N   |             | 1  |  |                    | _ {                |
| NAME  |   |                                     |        |             |  |  |                    | . [                |
| STREET ALXORESS                               | s                                       |                                     |        | TREET ADDR  | -35  |  |                    | I                  |
| CITY-ST-ZIP                                   |   |                                     |        | TY-ST-ZIP   |  |  |                    |                    |
| TITLE   |   | ☐ DELETE                            | 6.1 TF | TLE         | 1 -  |  | Change             | Addition           |
| NAME 19                                       | <b>,图图1186</b> 0                        |                                     | 8.2 N  | ME.         | 1  |  |                    | 1                  |
| STREET ALXORESS                               |   |                                     | 6.3 57 | TREET ADORS | SS   |  |                    |                    |
| CITY-ST-ZIP                                   |   |                                     | 6.4 CI | TY-ST-ZIP   | ł  |  |                    | ŀ                  |
| 14. I herehv                                  | cartify that the information supplied y | ith this filing does not qualify fo |        |             | ated in S  | ection 119.07(3)(i), Florida Statutes. I further of  | ertify that the i  | nformation         |

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 call; that I are officer or director of the corporation or the servicer or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATED MANE OF AUGUST OF DEFECTOR

ozlalse

813-590-98)7

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Daytime Phone #