## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P98000036277

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State\_ . . ... DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90007 048 \*\*\*150.00

OK-TEDI	ENTERPHISES, INC.									
Principal Plac	e of Business	Ma	ailing Address					1151 <b>48</b> 511 <b>2914</b>	<b>8</b> 3101 <b>8 8</b> 010 <b>8</b> 11 <b>8</b> 11 11	1911 1981 1391
3001 S OCEAN DR. APT PH-F 3001 S OCEAN DR. APT PH-				+F			•			
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019										
							DO NOT WR		S SPACE	
			,				3. Date Incorporated or Qualifed 04/22/1998		•	İ
2 Principal P	lace of Business	2a.	Mailing Address	-			4. FEI Number		<b>→</b> Anr	olied For
21	idos of Basiliess	26	, maning read oo				65-		~ ~	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						<del>                                     </del>		\$8.75 A		
27							5. Certificate of Status Desired		Fee Rec	quired
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00 +	May Be
23		28					Trust Fund Contribution		Added to	s Fees
Zip	Country		Zip	Countr	у		8. This corporation owes the cur	rent year In		_
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New	Registered	Agent	
EDI I	ICH STEVE		•	81	Name		•			
ERLICH, STEVE					Street /	Addres	ss (P.O. Box Number is Not Accept	able)		
3001 S OCEAN DR, APT PH-F HOLLYWOOD FL 33019										
HOL	LIWOOD FL 33019			83	3					
	•			84	City			FI	85 Zip C	ode
	to the provisions of Sections 607.05	· · ·	AT 1800 51 11 01 1 1		1		at the state of th		f changing its	
office or r agent. I a SIGNATURE	to the provisions of Sections out, in the State registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered age	ations of,	, Section 607.0505, Flori	ida Statute:	s.		n's poard of directors. I nereby acce	DATE		
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D		☐ DELETE	1.1 TITLE	j				Change	☐ Addition
NAME	ERLICH, STEVE	_		1.2 NAME						
STREET ADDRESS		=		1.3 STREE	TADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33019			1.4 CITY-	ST-ZIP					
TITLE			. DELETE	2.1 TITLE		Ļ	)		Change	Addition
NAME				2.2 NAME		A	arou Day	A.17.	PU-F	<b>:</b> -
STREET ADDRESS				2.3 STREE	ET ADDRESS	34	aron Day 1015. ocean Dr. Olywood, FL	222	101	
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	H	diqueal FC	. 5 70	<u> 17-</u>	
TITLE	}		☐ DELETE	3.1 TITLE			•		Change	Addition
NAME				3.2 NAME	Į		•			1
STREET ADDRESS				3.3 STREE	ET ADDRESS				•	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE	· .		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME				4. 2 NAME	:					
STREET ADDRESS				4.3 STREE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST-ZIP					<del></del>
TITLE			□ DELETE	5.1 TITLE					Change	☐ Addition
NAME.				5.2 NAME						
STREET ADDRESS	`				ET ADDRESS					
CITY-ST-ZIP				5.4 CfTY-	ST-ZIP		• • • • • • • • • • • • • • • • • • • •			
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME	Į .			6.2 NAME					,	İ
STREET ADDRESS	1			6.3 STRE	ET ADDRESS	l				)

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, with all other like empowered.

SIGNATURE: