## 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** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90124 035 \*\*\*150.00

DOCUMENT	# P980003839 <sup>-</sup>	1

1. Corporation	OODS, INC.	1036391		
Principal Place	e of Business	Mailing Address	<del></del>	
1241 AVENUE I RIVIERA BEACH	J	444 TUSKEGEE DR LANTANA FL 33462		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 04/27/1998
2. Principal P	lace of Business	2a. Mailing Addres	ss	4. FEI Number Applied For
21		26	_	65-083566   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.	5. Certificate of Status Desired  \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	е	City & State		6. Election Campaign Financing   Trust Fund Contribution   \$5.00 May Be  Adder To Fees
Zíp	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
444	GOOKIE NIRMALA TUSKEGEE DR TANA FL 33462	ene speli angoolie	83	Address (P.O. Box Number is Not Acceptable)
		U	84 City	FL 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change ations of, Section 607.05	e was authorized by the corp 505, Florida Statutes.	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
42	Signature, typed or printed name of registered age		(NOTE: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	2	ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Kamgoolle, N	liamala.	1,2 NAME	
NAME"	President	-		
STREET ADDRESS	444 Tuskege	e Dr	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lantana UF	7 340	1.4 CITY-ST-ZIP  ETE 2.1 TITLE	Change Addition
TITLE	,			Change [ Addition ]
NAME			22 NAME	, .
STREET ADDRESS			2.3 STREET ADDRESS	·
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Change Addition
TITLE		DEL		
NAME	15		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	MALLES TABLES
TITLE		☐ DEL		☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	<u>'</u>	☐ DEI		☐ Change ☐ Addition
NAME			5.2 NAME	. '
STREET ADDRESS			5.3 STREET ADDRESS	

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition