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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1, Corporation Name



DOCUMENT # P98000047792

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

03-04-1999 90236 007 \*\*\*150.00

CaDA	UTUWATED SOLUTIONS, IN	, iO.					
Principal Place	of Business	Mailing Address			- I (Mattgat tim i Mid) tätri mürit aditi entri onert	#18()	(8118 1181 1881
1210 SE 7TH COURT 1210 SE 7TH COURT							
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441					DO NOT WRITE IN THIS	COACE	
					3. Date Incorporated or Qualifed	SPACE	
					05/26/1998		
a Oringia al Di	ace of Business	2a. Mailing Address			4. FEI Number a C = C (1 = (1	Ar	plied For
<del>-</del> i '					105-0X38424		t Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5-00	\$8.75	Additional
22	27				5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State	37		6. Election Campaign Financing	\$5.00	May Be
23		28 12555 CELC	DOM	3 FC	Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip catiful —	Country		8. This corporation owes the current year in		1
24	25	29 33445 30	<u> </u>	<u> </u>	Personal Property Tax.	Yes	M No
	9. Name and Address of Current	Registered Agent	-	r	10. Name and Address of New Registered	Agent	
DIFF	IC CLADE		81	Name			
BIFFIS, CLARE 1210 SE 7TH COURT				Street Addre	ess (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33441			-				
DEE	AFIELD BEACH FE 33441		83				
			84	City	FL	85 Zip (	Code
				1		<u> </u>	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was autho	orized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	istered Age	nt signature required	when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	)RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		<del>-</del>	Change	☐ Addition
NAME	FREUND, DORIT		1.2 NAME				
STREET ADDRESS	DRESS 1210 SE 7TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-S	ST-ZIP			
TITLE	D ·	☐ DELETE	2.1 TITLE	-		Change	☐ Addition
NAME	BIFFIS, CLARE		2.2 NAME		en e		. [
STREET ADDRESS	1210 SE 7TH COURT		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1 T		3.1 TITLE			Change	☐ Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			j
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T AODRESS			ļ
CiTY-ST-ZIP			4.4 CITY-S	ST-ZIP	······································	<del></del>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				.
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STDEET ANDRESS			6.3 STREE	TADDRESS			

6.4 CTTY-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 of 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:

OFFICER OR DIRECTOR