PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90126 009 ***150.00

DOCUMENT # DOCOMON 8472

1. Corporation Name CARDI CONSULTING ASSOCIATES INCORPORATED Principal Place of Business 1230 WILSHIRE CIRCLE WEST PEMBROKE PINES FL 33027 Mailing Address 1230 WILSHIRE CIRCLE WEST PEMBROKE PINES FL 33027							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1998				
2. Principal Pi	lace of Busine	ess	2a 26	. Mailing Address	• • •	- -	4. FEI Number 40 5	03	· — 	plied For Applicable	1
Suite, Apt.	#, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	dditional	
22			27				J. Character di Carlos Desired		Fee Re	·	4
City & State				City & State			Election Campaign Financing Tourt Fund Contribution		\$5.00 i		ļ
23			28	-	C***		Trust Fund Contribution			01065	1
Zip		Country		Zip	Cou ====================================	10 y ====================================	This corporation owes the cur Personal Property Tax.	ent year int	angible ~[]Yes-::	⊡ No	
24		nd Address of Curre	29	stered Agent	30		10. Name and Address of New I				1
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CAR	DILICCHIA,	TINA					des a Constitution in New Accord	-bla)			┨
		CIRCLE WEST				82 Street A	ddress (P.O. Box Number is Not Accept	ablej			
PEM	BROKE PIN	ES FL 33027				83					1
									85 Zip C	`odo	4
						84 City		FL	.		
11. Pursuant	to the provision	ons of Sections 607.05	02 and 6	07.1508, Florida Stat	utes, the al	ove-named c	orporation submits this statement for the	purpose of	changing its	registered	1
office or r	registered age	nt, or both, in the State	e of Flori	da, Such change was I. Section 607,0505, F	authorized Iorida Stati	by the corpor ites.	orporation submits this statement for the ration's board of directors. I hereby acce	ot the appoi	привитея тед	listeren	
1	1107 IOTHING: WAS	n and accept the cang	,	. • • • • • • • • • • • • • • • • • • •							l
SIGNATURE											
	Signature, typed o	r printed name of registered so	pent and tells	if applicable. (NO		Agent signature rec	gulred when reinstating)	DATE			⊕
12.		OFFICERS A		CTORS	13.		quired when reinstating) ADDITIONS/CHANGES TO OF				1/38)
	PRESI	OFFICERS A	ND DIRI		13. 1.1 Til	LE	uulred when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	(11/98)
12.	PRESI	OFFICERS A De NT CARDILIC	ND DIRI	DELETE	13. 1.1 TO	LE ME	quired when reinstating) ADDITIONS/CHANGES TO OF				034 (11/98)
12.	PRESI TINA 1230	OFFICERS A Bent CARDILIC Wilshias	ND DIRI	DELETE	13. 1.9 TB 1.2 NA 1.3 ST	LE ME REET ADORESS	quired when reinstating) ADDITIONS/CHANGES TO OF				2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESI TINA 1230	OFFICERS A De NT CARDILIC	ND DIRI	DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	LE ME REET ADORESS Y-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OF		Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS	PRESI TINA 1230	OFFICERS A Bent CARDILIC Wilshias	ND DIRI	DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF 2.1 TH	LE ME REET ADORESS Y-ST-ZIP	quired when reinstating) ADDITIONS/CHANGES TO OF				CR2E034 (11/98)
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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 suppliemental annual report is tiple 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 trystee encowered 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 attachman with an address, with all other like empowered.