

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90055 006 ***150.00

DOCUMENT # P98000050728

1. Corporation Name
ANDREMAR CORP.

Principal Place of Business
C/O ARNOLD FREEMAN, ESQ.
200 MAMARONECK AVE
WHITE PLAINS NY 10601

Mailing Address
C/O ARNOLD FREEMAN, ESQ.
200 MAMARONECK AVE
WHITE PLAINS NY 10601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1998

4. FEI Number
65-0849693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 19911 NE 10TH PLACE WAY
Suite, Apt. #, etc.

2a. Mailing Address
26 19911 NE 10TH PLACE WAY
Suite, Apt. #, etc.

22 City & State
23 NO. MIAMI BEACH
Zip Country

27 City & State
28 NO. MIAMI BEACH
Zip Country

24 33179 25

29 33179 30

9. Name and Address of Current Registered Agent

MUNROE, W BRADLEY
239 E VIRGINIA ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
SANDI-JO GORDON
82 Street Address (P.O. Box Number is Not Acceptable)
19911 NE 10TH PLACE WAY
83
84 City
NO. MIAMI BEACH FL 85 Zip Code
33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sandi-Jo Gordon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD ANOREA GORDON | <input type="checkbox"/> DELETE |
| NAME | 19911 NE 10TH PLACE WAY | |
| STREET ADDRESS | NO. MIAMI BEACH, FL 33179 | |
| CITY-ST-ZIP | | |
| TITLE | VIMES D | <input type="checkbox"/> DELETE |
| NAME | MARGARET GORDON | |
| STREET ADDRESS | 19911 NE 10TH PLACE WAY | |
| CITY-ST-ZIP | NO. MIAMI BEACH, FL 33179 | |
| TITLE | SECY-TREAS D | <input type="checkbox"/> DELETE |
| NAME | SANDI-JO GORDON | |
| STREET ADDRESS | 19911 NE 10TH PLACE WAY | |
| CITY-ST-ZIP | NO. MIAMI BEACH, FL 33179 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: *Sandi-Jo Gordon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

305-690-8981
Daytime Phone #

CR2E034 (1/98)