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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050728

1. Corporation Name

ANDREMAR CORP.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90055 006 ***150.00



Principal Place of Business	Mailing Address		I (Ballet) (18 1818) (1811 Sath sout asid star and	
C/O ARNOLD FREEMAN. ESO. 200 MAMARONECK AVE WHITE PLAINS NY 10601 C/O ARNOLD FREEMAN. ESC 200 MAMARONECK AVE WHITE PLAINS NY 10601		l.	DO NOT WRITE IN THIS SPACE	
WHITE PLANTS NI 10001	WHITE I ENNS WI 10001		3. Date Incorporated or Qualifed	
			06/05/1998	
2. Principal Place of Business	2a. Mailing Address	. 1.	4. F5I Number	Applied For
	26 19911 NE 101	TIPLE WAS	9 65-0844693	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	10		\$5.00 May Be
	28 NO, M/BY/	DB PS CAJ		Added to Fees
[2-1] - 1	^{Zip} 33179 3	Country	1 ordend 1 topond 1 ton.	Yes □No
9. Name and Address of Current R	egistered Agent	81 Name	10. Name and Address of New Registered Age	
MUNROE, W BRADLEY		SAND	1- TO GORDON	
239 E VIRGINIA ST		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301		83 /99//	NE TONT UP CO WAY	
IALDINOULL IL GEGOT				
		84 City	IMI BEACH FL 8	5 Zip Code 33179
11. Pursuant to the provisions of Sections 607.0502 a	nd 607 1508 Florida Statutes	the above-named corn	poration submits this statement for the purpose of char	nging its registered
I affine as registered egent or both in the State of F	Florida, Such change Was auff	ionzed by the comporatio	on's board of directors. I hereby accept the appointme	ent as registered
agent. I am familiar with, and accept the obligation	is of, Section 607.0005, Florid	a Statutes.	4/14/9	9
SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Ri	egistered Agent signature require	nd when reinstating) DATE	/
12. OFFICERS AND I				
	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
	DELETE .	13. 1,1 TITLE		Change Addition
TITLE PD ANDREA GOLDON	☐ DELETE			
TITLE PD ANONEY CORDON NAME STREET ADDRESS 19911 NE 10TH PLACE U	☐ DELETE	1,1 TITLE		
TITLE PD ANDREA GOLDON NAME LAGIL NE 10TH PLACE U	□ DELETE 23/79	1,1 TITLE 1,2 NAME 1,3 STREET ADDRESS 1,4 CITY-ST-ZIP		Change Addition
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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: X