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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000066717

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90202 027 ***150.00

PAHADIS	SE IUYS & GAN	IES, INC.											
Principal Place	e of Business		Mailing Address					EDITORI 110 19191 1811 901	14 8 8 171 8 8 114 1	9 2 110 B1	(() 	TBB 1 11	en 1891 1881
1311 NW 125TH TERRACE SUNRISE FL 33323			1311 NW 125TH TERRACI SUNRISE FL 33323	:									
				'					VRITE IN T	THIS 5	SPACE	<u> </u>	
								icorporated or Quali	fed				
)/1998					
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 65-0855001					<u></u> -	lied For	
21			26							Not Applicable \$8.75 Additional			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifc	ate of Status Desire	d 🗌			S Red	
22			City & State					- Compaign Finance					
City & State			— ·				n Campaign Financ und Contribution	ing 🗆				fay Be Fees	
23 Zip	Cour	try	Zip Country					rporation owes the	current vea	rnta	_		1000
—	25	.,	29	30	,		F .	al Property Tax.	current yea		Yes	Y	No
24		ress of Current	Registered Agent	1301				and Address of Ne	w Registe	red A	gent		<u>, </u>
				1	B1	Name							
GOD	obee, kevin						/D.O. D.						
1311	1 NW 125TH TERR/	ACE.		1	82	Street Acc	gress (P.O. Box	Number is Not Acc	еріаріе)				İ
SUN	I RISE FL 33 323			1	83								
				_							11 -	7: 0	
				1	84	City			1	FL	85 2	Zip C	ode
11. Pursuant office or ragent. a	to the provisions of Se egistered agent, or bo im familiar with, and a	ctions 607 0502 h, in the State o cept the obligati	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Florida	res, the about orida Statut	ove-r bỹ th es.	named ccr ne corporat	poration submittion's board of a	is this statement for irectors. Thereby a	the purpos ccept the a	se of c ippolin	hanging tment a	gitsr sreg	egistered stered
agent. a	to the provisions of Stegistered agent, or be my familiar with, and an Signature, typed or printed no	cept the obligation of registered agent	and title if applicable. (NOT	E. Registered A	.es.		red when reinstating)		DAT	E			
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14. Thereby 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 supplier field a final 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 of director of the corporation of the receiver or transfer 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 our an attachment purifier address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR