

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90016 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000080618**

1. Corporation Name  
**DADADEV INC.**



Principal Place of Business 236 MERIDIANNA DR. TALLAHASSEE FL 32312	Mailing Address 236 MERIDIANNA DR. TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>09/17/1998</b>	4. FEI Number <b>59-35-33088</b>	Applied For <input type="checkbox"/> Not Applicable
21 <b>903 1/2 N. MONROE ST.</b>	26 <b>903 1/2 N. MONROE ST.</b>	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 <b>TALLAHASSEE-FL</b>	27 <b>TALLAHASSEE-FL</b>	City & State	6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 <b>32303, LEON</b>	28 <b>32303 - LEON</b>	Zip	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	25	Country			

9. Name and Address of Current Registered Agent

**JAIN, SAROJKUMARI**  
**236 MERIDIANNA DR.**  
**TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JAIN, SAROJKUMARI</b>	
STREET ADDRESS	<b>236 MERIDIANNA DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
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.

SIGNATURE: Sari KUMARI JAIN RE (SAROJKUMARI JAIN) 07/17/99 (850) 681-7062

CR2E034 (5/99)

89945-9006-1  
P98000080618

**House of Food Spices**

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903 1/2 N. Monroe St. ~ Tallahassee, FL 32303 ~ USA  
Phone (850) 681-7062 ~ Fax (850) 681-7062 ~ Home Phone (850) 385-1751 ~ Email  
Sjain7960@aol.com  
DADADEV INC.

July 7, 1999

Florida Department of State  
Division of Corporations  
Tallahassee, FL 32314 P.O. Box 6327

To: Whom it may concern

I own a corporation registered in the name of DADADEV Inc. It was registered last year in September 98' and this year I am supposed to file for renewal. However, I received a second notice, without a first one, charging a fine of \$550. Therefore, I contacted your local corporation department inquiring about the first notice. Thus, the local corporation directed me to pay you the filing fee of \$150. Few months ago the city changed our house address from 206 W. Meridianna Dr. to 236 Meridianna Dr. Therefore, the reason for the missing first notice was probably this recent change of address. Though most of our mail is redirected to our new address the first notice might have been lost somewhere in the mail. Please accept my application for renewal of corporation. Thank You.

Sincerely,

*Saroj Kumari Jain*  
Saroj Jain (president)

07/07/99