

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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 09/17/1998	4. FEI Number 59-35-33088	Applied For Not Applicable
21 903 1/2 N. MONROE ST.	26 903 1/2 N. MONROE ST.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22 TALLAHASSEE-FL	27 TALLAHASSEE-FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 32303, LEON	28 32303 - LEON		Trust Fund Contribution <input type="checkbox"/>		
Zip	Country	Zip	Country		
24	25	29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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