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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTIGENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000080655**1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90026 011 ***150.00 03-01-1999 90026 011 ***150.00

	OODS, INC.						
Principal Place	e of Business	Mailing Address			1		
597 WATERFALI SPRING HILL FI		597 WATERFALL DRIVE SPRING HILL FL 34608			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	-	
					09/14/1998		
2. Principal Pl	face of Business	2a. Mailing Address	·		4. FEI Number	Ар	plied For
21		26			59-3540156	No	t Applicable
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	9	City & State			8. Election Campaign Financing	. \$5,00	May Be -
23		28	_		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	•	8. This corporation owes the current ye	ear Intangible	_ !
24	25	- 29	30	. 	Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	tered Agant	
	ELOL LINE		81	Name	om Clark	the n	. \ \
	ELICI, LINA		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	// // // // // // // // // // // // // 	
i .	HEINO & FLEISCHER, P.A.	•		-59	7 water fall Dr	sur co	`
	N. FRANKLIN STREET #2700		83	``	\	(el	/
IAM	PA FL 33602		84	City		85 Zip C	
\			1 1	عمد	incy Holl		8
11 Dureuant	to the provisions of Sections 607 0502	JOST 4EOG Fladda Diabas	s the shove		aratists as basite this statement for the pulling	se or changing ins	registered
office of the	pointered agent or both in the State of	rang 607, 1006, Franca Statutes of Florida, Such change was auf	thorized by I	enames corporation	on's board of directors. I hereby accept the	appointment as reg	gistered
office or re agent. I a	registered agent, or both, in the State of median with, and accept the obligation	e and 607.1508, Fibrida Statute of Florida. Such change was autions of, Section 607.0505, Flori	thorized by t da Statutes.	the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as reg	gistered
office or nagent. I a							
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent		d when reinstating) O/	ATE	
SIGNATURE	Signature, typed of printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent			ATE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13.		d when reinstating) O/	RS AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CLARK, MARK R	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	t signeture required	d when reinstating) O/	RS AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND CLARK, MARK R 597 WATERFALL DRIVE	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	aignature required	d when reinstating) O/	RS AND DIRECTO	
SIGNATURE 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND CLARK, MARK R 597 WATERFALL DRIVE SPRING HILL FL 34608	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	aignature required	d when reinstating) O/	RS AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND OFFICERS AND OFFICERS AND CLARK, MARK R 597 WATERFALL DRIVE SPRING HILL FL 34608 D	and title if applicable. (NOTE I D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	aignature required	d when reinstating) O/	RS AND DIRECTO	RS IN 12
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4. 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 neceiver or inustee 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:	
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SKOMATURE AND TYPED OF		ard)	
SIGNATURE AND TYPED OF	PRINTE	NAME OF	SIGNING	DFFICER OF	DIRECTO

1-26-99	352-696-7506
Date	Daytime Ptions #