## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000085236

Corporation Name
 TODIO INC

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90033 020 \*\*\*150.00

| TOBID, II   | NC.   |                                     |   |  |   |
|---|---|-------------------------------------|---|--|---|
| Dringing! Place   | of Pusiness   | Mailing Address                     |   | - I EDDITOUR ING IDION HOUR GOIN GOUN COLLI COLL | ist kilin jihtä likin ohk losi                              |
| Principal Place   |   | <del>-</del>                        |   |  |   |
| 6353 NW 39TH STREET CORAL SPRINGS FL 33067  6353 NW 39TH STREET CORAL SPRINGS FL 33067  CORAL SPRINGS FL 33067  |   |                                     |   |  |   |
| COMPLETITION TO SOCIAL STATES OF THE STATES |   |                                     |   | DO NOT WRITE IN THIS S   | SPACE   |
|   |   |                                     |   | 3. Date Incorporated or Qualifed   |   |
|   |   |                                     |   | 10/05/1998   |   |
| 2. Principal Pl   | lace of Business  | 2a. Mailing Address                 |   | 4. FEI Number  | Applied For   |
| 21  |   | 26                                  |   | 65-0879638   | 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  | e   | City & State                        |   | 6. Election Campaign Financing   | \$5.00 May Be   |
| 23  |   | 28                                  |   | Trust Fund Contribution  | Added to Fees   |
| Zip   | Country   | Zip                                 | Country   | 8. This corporation owes the current year Intar  |   |
| 24  | 25  | 29 3                                | 30  | 1 discharit ispany   | ☐ Yes ☐ No  |
|   | 9. Name and Address of Current                                  | Registered Agent                    |   | 10. Name and Address of New Registered A   | gent  |
|   |   |                                     | 81 Name   | Susan Evans  |   |
| EVANS, CRAIG  |   |                                     | 82 Street Addr  | ress (P.O. Box Number is Not Acceptable)   | +   |
| 6353 NW 39TH STREET   |   |                                     | 1 (235  | 3 NW 39 STA  | eel .   |
| CORAL SPRINGS FL 33067  |   |                                     | 83  | •  |   |
|   |   |                                     |   | ^ -  | 85 Zip Code   |
|   |   |                                     | 84 (Cil) 1  | U SARIAUP FL   | 33067   |
| 11 Pursuant   | to the provisions of Sections 607.0502                          | 2 and 607.1508, Florida Statutes    | s, the above-named corp   | poration submits this statement for the purpose of classifications and dispersions.  | hanging its registered                                      |
| office or r   | egistered agent, or both, in the State of                       | of Florida Soch change was aut      | thorized by the corporation   | on's board of directors. I hereby accept the appoint   | ment as registered  |
|   | m ramiliar with, and accept the obligation                      | ions of, Section 607.0303, From     | ua olatotes.  | 1/12   | 199   |
| SIGNATURE   | Signature, typed or printed name of registered agen             | t and title if applicable. (NOTE: F | Registered Agent signature require  | d when reinstating) DATE   | <del>'''</del>  |
| 12.   | OFFICERS AN   |                                     | 13.   | ADDITIONS/CHANGES TO OFFICERS AND  | DIRECTORS IN 12   |
| TITLE   | D   | DELETE                              | 1.1 TITLE   | <del></del>  | ☐ Change ☐ Addition   |
| NAME  | EVANS, CRAIG J  | ,                                   | 1.2 NAME  |  |   |
| STREET ADDRESS  | 6353 NW 39TH STREET   |                                     | 1.3 STREET ADDRESS  |  | ŧ   |
|   | CORAL SPRINGS FL 33067  |                                     |   |  |   |
| CITY-ST-ZIP<br>TITLE  | D PTS   |                                     | 14 CITY, ST, ZIP  |  |   |
| NAME  | כונט!   | □ DELETE                            | 1.4 CITY-ST-ZIP<br>2.1 TITLE  |  | ☐ Change ☐ Addition   |
|   |   | ☐ DELETE                            | 2.1 TITLE   |  | -, -  |
| · ·   | EVANS, SUSAN M  | ☐ DELETE                            | 2.1 TITLE<br>2.2 NAME   |  | Change Addition   |
| STREET ADDRESS  | EVANS, SUSAN M<br>6353 NW 39TH STREET                           | ☐ DELETE                            | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   |  | -, -  |
| STREET ADDRESS<br>CITY-ST-ZIP   | EVANS, SUSAN M  |                                     | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  | EVANS, SUSAN M<br>6353 NW 39TH STREET                           | ☐ DELETE                            | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE   |  | -, -  |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME  | EVANS, SUSAN M<br>6353 NW 39TH STREET                           |                                     | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME  |  |   |
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

199 9547961700