PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000091081**1. Corporation Name

STODD, INC.

FILED Apr 08, 1999 8:00 am Secretary of State 04-08-1999 90075 017 ***150.00



		_						
Principal Place of Business Mailing Address						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3125 OAKLAND SHORES DR B 202 3125 OAKLAND SHORES DR			B 202					
FT LAUDERDALE FL 33309 FT LAUDERDALE F					DO NOT WRITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 10/26/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For	
21		26			65-08 1 720 1		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ad Fee Req	II	
City & Ctata		City & State			6. Election Campaign Financing	\$5.00 N		
City & State	and the second of the second o	28			Trust Fund Contribution	Added to		
Zip Country		Zip Country			8. This corporation owes the current year Intang	 jible		
24	25		10				□No	
	9. Name and Address of Current				10. Name and Address of New Registered Ag	ent		
			81	Name	· ·			
SCHONGUT, WARREN				Street A	ddress (P.O. Box Number is Not Acceptable)			
3125 OAKLAND SHORES DR B 202 FT LAUDERDALE FL 33309			83					
			63					
			84	City	FL	85 Zip Ci	ode	
office or r	egistered agent, or both, in the State on the state of the application of the state of the obligation of the colligation of the colligation of the colligation of the colligation of the colline of the c	of Florida. Such change was autions of, Section 607.0505, Floric	thorized by da Statutes	the corpoi	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment of the company of the c	ient as reg	istered	
12	Signature, typed or printed name of registered agent OFFICERS ANI		13.	it Signature res	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOF	RS IN 12	
TILE	D	DELETE	1.1 TITLE			Change	Addition	
NAME	SCHONGUT, WARREN		1.2 NAME				1	
STREET ADDRESS	3125 OAKLAND SHORES DR B	202	1.3 STREE	TADORESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33309		1.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			_ Change	Addition \	
NAME			2.2 NAME	1			-	
STREET ADDRESS		•	2.3 STREE	TADORESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition [
NAME	Maria Ma		3.2 NAME		and the second second			
STREET ADDRESS	•		3.3 STREE	TADORESS	•		<u> </u>	
CITY-ST-ZIP			3.4. CITY+5	T-ZIP				
TITLE	`	☐ DELÉTE	4.1 TITLE		L	_ Change	Addition	
NAME			4. 2 NAME				1	
STREET ADORESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE					
NAME			5.2 NAME	TADDRESS				
STREET ADDRESS				1			}	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-21		Change	Addition	
TITLE		(T) NETC IE	6.2 NAME			7 A101.00		
NAME	}			T ADDRESS			}	
STREET ADDRESS			6.4 CITY-S	į				

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, with all other like empowered.

SIGNATURE: