PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095245

1. Corporation Name

HIDITED FADMS DEAL ESTATE INC.

JOFFILII	TANNO TIENE COTATE; IN	<i>,</i> ,									
Principal Place of Business Mailing Address								(FB)B	88111 88 111 83 111		
9260 W. INDIANTOWN RD. STE. 9 9260 W. INDIANTOWN RD. JUPITER FL 33478 JUPITER FL 33478			. Ste. 9	STE. 9			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
-	-						11/09/199	8	<u></u>		
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number			App	lied For
21		26									Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of	Status Desired		\$8.75 A	
City & State	9	City & State	_	-	•		6. Election Can		· 🗆	\$5.00 Added to	•
Zip	Country	Zip	Col	untry			8. This corpora	tion owes the cu	ırrent year İr	ntangible	
24	25	29	30				Personal Pro	perty Tax.	·	Yes	□No
	9. Name and Address of Curren			\Box		1	0. Name and A	ddress of New	Registered	I Agent	
KOSKI, LEO A 11921 169TH COURT NORTH JUPITER FL 33478				81 82 83	Name Street A	\ddress	(P.O. Box Num	ber is Not Acce	otable)		
	•			84	City				FI	85 Zip C	ode
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	autnorize	a by '	tne como	corporat ration's	ion submits this board of directo	statement for the	e purpose o ept the appo	f changing its i pintment as reg	registered jistered
SIGNATURE											
	Signature, typed or printed name of registered ager				t signature re	equired whe	on reinstating)	CHANGES TO C	DATE A	NO DIRECTO	DS IN 12
12.		ID DIRECTORS	13.	TILE	<u></u>		ADDITIONS/	MANGES TO C	PERIOERS A	☐ Change	Addition
TITLE	PD V-CV 1 FO A	C) Detele								<u> </u>	
NAME STREET ADDRESS	Koski, Leo A 9260 W. Indiantow	n Rd., Suite 9		AME TREET	ADDRESS						
CITY-ST-ZIP	Jupiter, FL 334	18	1.4 0	HY-S1	r-zip		_				
TITLE			2.1 T	ΠLE						☐ Change	☐ Addition
NAME			2.21	AME							
STREET ADDRESS	A - 1 .	•	2.3 8	TREET	ADDRESS		-				
CITY-ST-ZIP			2.4	CITY-S	T-ZIP						
TITLE		☐ DELETÉ	3,1 T	TLE						Change	☐ Addition
NAME .			3.2 N	AME	Į						
STREET ADDRESS			3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP			3,4.	CITY-S	T-ZIP						
TITLE		☐ DELETE	4.11	ITLE						Change	Addition
NAME			4.2	NAME							
STREET ADDRESS			4.3 5	STREET	ADDRESS						
CITY-ST-ZIP			4,4 (CITY-SI	T-ZIP						

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 of 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 regions 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 charged, or on an apachment with an apachment with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

Mar 29, 1999 8:00 am

Secretary of State

03-29-1999 90091 018 ***158.75

747-0510

☐ Change

Change

☐ Addition

Addition