PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

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## Katherine Harris

Secretary of State

## FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90108 012 \*\*\*150.00

	1999	DIVISION OF C	CORPORATIONS	<b>⊣</b> :	
DOCU	MENT # P98000	106311			
•	IG'S GOODIES INC.				
				E PERFORENCIA DE PRECENTANTE EN	1832 FIZE JUST 11210 HTD 1310
			<del></del>		
•	ce of Business	Mailing Address			
7110 S. DIXIE HWY. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405			25		
				DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE
				12/21/1998	{
2. Principal i	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
H		26		65-0354715	Not Applicable
Suite, Apt.	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	tte .	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible
4	25	<u> </u>	30	Personal Property Tax.  10. Name and Address of New Registered	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Haine and Adminas of New Registered	April
G00	DING, THOMAS		90 05-04 8-4	Land (D.O. Day Number le Net Acceptable)	
	S. DIXIE HWY.		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
WES	ST PALM BEACH FL 33405		83		
			84 City		85 Zip Code
				FL	_
11. Pursuant	it to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida, Such change was at	99, una above-namec con	boustion enough ruis gransiment for me britoned of	CHRIGHD ICH Jedrardien
2.1100 07		or i rontos, ocion ociondo mos o	thorized by the corporat	ion's board of directors, I hereby accept the appoi	ntwent as tagistered
	7 L 9	lons of, Section 607.0505, Flor	uthorized by the corporation of	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	
agent, i e SIGNATURE	7 L 9	Jooding	thorized by the corporation Statutes.  ReTA	r / N C D 4-19 ed when reinstating? DATE	-97
	Signature, typed or printed name of registered agent	r and title if applicable. (I) OTE	Retainment signature reque	ringd \ 4-19	-97
SIGNATURE 12. TITLE	Signature, typed or priread name of registered agents OFFICERS AN	T and title if applicable. (NOTE: D DIRECTORS  DELETE	Registaritat Agent signature required 13.	r / N C D 4-19 ed when reinstating? DATE	-97
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I narroy cormy that the impormation supplied with this filling does not qualify for the exemption sizied 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 eccurate 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.

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THOWA	ATISHE	Hood	WRED
NATURE AND TYPED OR	PRINTED NAME OF SI	GNING OFFICER	OR SINESTON

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