
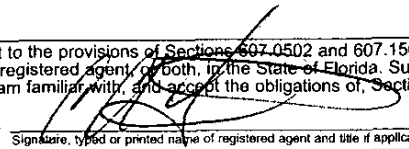


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90109 018 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000106760 | | | | | |
| 1. Corporation Name FIDLER, INC. | | | | | |
| Principal Place of Business 1300 SE 17TH STREET FT. LAUDERDALE FL 33316 | | | Mailing Address 1300 SE 17TH STREET FT. LAUDERDALE FL 33316 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/24/1998 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0885805 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | |
| 26 | | 27 | | 30 | |
| 9. Name and Address of Current Registered Agent FIDLER, CRAIG 1300 SE 17TH STREET FT. LAUDERDALE FL 33316 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | 84 City | | |
| 85 Zip Code | | | FL | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE  DATE 2/15/99 | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | 1.2 NAME P CRAIG A. FIDLER | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS 1300 SE 17TH ST - | | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33316 | | |
| 2.1 TITLE <input type="checkbox"/> DELETE | | | 2.2 NAME | | |
| 2.3 STREET ADDRESS | | | 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE <input type="checkbox"/> DELETE | | | 3.2 NAME | | |
| 3.3 STREET ADDRESS | | | 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE <input type="checkbox"/> DELETE | | | 4.2 NAME | | |
| 4.3 STREET ADDRESS | | | 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE <input type="checkbox"/> DELETE | | | 5.2 NAME | | |
| 5.3 STREET ADDRESS | | | 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE <input type="checkbox"/> DELETE | | | 6.2 NAME | | |
| 6.3 STREET ADDRESS | | | 6.4 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 954-4673777

Date

Daytime Phone #

CR2E034 (11/98)