PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S06099**

1. Corporation Name

EDANK CORRADO & ASSOCIATES INC

FRANK CORRADO & ASSOCIATE	3, IIIO.				
			<u> </u>	ETEN BARK ETEN BU	
Principal Place of Business	Mailing Address				
1448 HARBOR PT DR N PALM BCH FL 33408	PO BOX 30062 PALM BCH GDNS FL 33420		DO NOT WRITE IN THI	SSPACE	
us	US		3. Date Incorporated or Qualifed	JOI AGE	
ι			10/16/1990		-
2. Principal Place of Business	2a. Mailing Adgress	1	4. FEI Number	App	lied For
24	26 V.O. BUX	069	65-0231982	<u> </u>	Applicable
Suite, Apt. #, etc.	Suite/Apt_#, 910A	0 1 (1		\$8.75 A	ditional
22	27 Mest Ham	Bay H.	5. Certificate of Status Desired	Fee Req	uired
City & State	City & State	132/16	6. Election Campaign Financing	\$5.00 N	/lay Be
23	28	33400	Trust Fund Contribution	Added to	Fees
Zip Country	Zip	Country	8. This corporation owes the current year l		
24 25	29 30	<u> wh</u> _	Personal Property Tax.		□No
9. Name and Address of Curr	rent Registered Agent	04 24	10. Name and Address of New Registered	Agent	
CODDADO EDANE		81 Name		•	
CORRADO, FRANK L. 1448 HARBOUR PT DR		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
N PALM BCH FL 33408					
N PALM DON PL 33400		83			
		84 City		85 Zip C	ode
			F	- 1 (
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	ite of Florida. Such change was auth	onzed by the corporation	on's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE				· ·	
Signature, typed or printed name of registered a		gistered Agent signature require		NO DIDECTOR	30 151 40
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE D	☐ DELETE	1.1 TITLE	,	, Change	
NAME CORRADO, FRANK L.		1.2 NAME	·		
STREET ADDRESS 1448 HARBOUR PT DR		1.3 STREET ADDRESS			Ì
CITY-ST-ZIP: N PALM BCH FL		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE ,	☐ DELETE	2.1 TITLE		☐ Criange	
NAME (2.2 NAME			ľ
STREET ADDRESS		2.3 STREET ADDRESS			
C/TY-ST-ZIP		2.4 CITY-ST-ZIP		Change	Addition
TITLE !	- DELETE	3.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	- Criange	
NAME		3.2 NAME	· · ·		
STREET ADDRESS		3.3 STREET ADDRESS	•		
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CITY-ST-ZIP	. ∵ ₹	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90037 026 ***150.00