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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90008 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27686

1. Corporation Name

ARDAMAN & ASSOCIATES, INC.

Principal Place of Business

8008 SOUTH ORANGE AVENUE
ORLANDO FL 32809

Mailing Address

8008 SOUTH ORANGE AVENUE
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

59-3049126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

WISSA, ANWAR E.Z.
8008 SOUTH ORANGE AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
WISSA, ANWAR E.Z.
STREET ADDRESS 400 E COLONIAL DR, 1707
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME S
GARLANGER, JOHN E.
STREET ADDRESS 1038 BUCKWOOD DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME AS
RYAN, JOSEPH F
STREET ADDRESS 2614 GRASSMERE LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
SCHMIDT, GARY H
STREET ADDRESS 7336 QUARTERHORSE RD
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME D
LETO, THOMAS J
STREET ADDRESS 1903 CANYONWOOD CT
CITY-ST-ZIP VALRICO FL

TITLE ☐ DELETE

NAME V
DAVIDSON, SCOTT W
STREET ADDRESS 1500 BRIERCLIFF DR.
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

407-855-3860

CR2E034 (11/98)