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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # \$76386



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State **Katherine Harris**

05-05-1999 90190 033 ***150.00

1. Corporation FREDDY		370380 S, INC.	,										
	···												III iiii ii 1 11 1
Principal Place		S		lailing Address									
2550 NE 5 AVE 2550 NE 5 AVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064													
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064							DO NOT WRITE IN THIS SPACE						
								į	 Date Incorporated or Qualifed 08/28/1991 			_	
2. Principal Place of Business 2				2a. Mailing Address					4. FEI Number			App	lied For
21			26						65-0280213				Applicable
Suite, Apt.	#, etc.			Suite, Apt. #,	etc.				5. Certifcate of Status Desired				ditional
22			27					·				e Req	
City & State	e		28	City & State					Election Campaign Financing Trust Fund Contribution			.00 M	May Be Fees
Zip		Country		Zip		Country	y		8. This corporation owes the curr	ent year l		-	٦ ا
24			29			30			Personal Property Tax.	<u> </u>	Yes		□No
<u> </u>	9. Name	and Address of Curre	nt Regi	stered Agent		81	Name		10. Name and Address of New I	registere	u Agent		———
ROS	ENRERG /	arthur R.				[,	Name						
l		ND PARK BLVD				82	Street	Addres	ss (P.O. Box Number is Not Accept	able)			}
	E 400					83	-					_	\dashv
		LE FL 33306				100	1						
,						84	City			F	85	Zip Co	ode
44 Pursuant	to the provis	sions of Sections 607 05	02 and f	607 1508 Ftorio	da Statute	s the abov	/e-named	согрог	ation submits this statement for the	nurnose	of changir	ng its r	egistered
office or re	enistered an	ent, or both, in the State ith, and accept the oblig	e of Flori	ida. Such chanc	ie was au	thorized by	/ the corp	oration	's board of directors. I hereby acce	pt the app	ointment	as recu	istered ()
		iai, and decept the oping	jations u	f, Section 607.0)505, Flor	da Statute:	S.						1
SIGNATURE)505, Flor	da Statute:	s. 	racuurad v	when mineration	DATE			
SIGNATURE		or printed name of registered ag	ent and title	e if applicable.)505, Flor	da Statute:	s. 	гединед у	when reinstating) ADDITIONS/CHANGES TO OF	DATE	AND DIRE	CTOF	RS IN 12
SIGNATURE	Signature, typed		ent and title	e if applicable.)505, Flor	da Statute:	s. 	v benuper	when reinstating) ADDITIONS/CHANGES TO OF		AND DIRE		RS IN 12
SIGNATURE 12. TITLE	Signature, typed	d or printed name of registered ag OFFICERS A	ent and title	e if applicable.	(NOTE:	Registered Age	s. ent signature	required v					
SIGNATURE 12. TITLE NAME	PST MILES, F	OFFICERS A	ent and title	e if applicable.	(NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature						
SIGNATURE 12. TITLE NAME STREET ADDRESS	PST MILES, F 2550 NE	of or printed name of registered age OFFICERS A RED 5 AVE	ent and title	e if applicable.	(NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature						
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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:

Daytime Phone #

CR2E034 (11/98)