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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90023 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S76564

1. Corporation Name
PDP PROPERTIES, INC.



Principal Place of Business

636 U.S. HWY. ONE
SUITE 101
NORTH PALM BEACH FL 33408

Mailing Address

636 U.S. HWY. ONE
SUITE 101
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1991

4. FEI Number

65-0278686

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

21 **3940 BUTTERCUP CIRCLES**

2a. Mailing Address

26 **NAME**

Suite, Apt. #, etc.

22 **1014 BEACH GARDENS**

City & State **Florida**

Suite, Apt. #, etc.

City & State

Zip Country

24 **33410**

25 **FL**

Zip Country

29

30

9. Name and Address of Current Registered Agent

PEDUTO, PATRICK
636 U.S. HWY. ONE
SUITE 101
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name **PATRICK J. PEDUTO**

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

3940 BUTTERCUP CIRCLES SOUTH

83 **PALM BEACH GARDENS**

84 City

FL

85 Zip Code

33410

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

2/1/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SMITH, PHYLLIS**
STREET ADDRESS **10032 DAHILA AVE.**
CITY-ST-ZIP **PALM BEACH GRDNS FL**

TITLE **D** ☐ DELETE

NAME **PEDUTO, PATRICK**
STREET ADDRESS **3940 BUTTERCUP CIR. S.**
CITY-ST-ZIP **PALM BEACH GRDNS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 **561-841-0273**
Date Daytime Phone #

CR2E034 (11/98)