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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # V32235**

1. Corporation Name

ARDIS INVESTMENTS, INC.

	_
Principal Place of Busine	225
725 KIWL CIRCLE	

Mailing Address

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90001 034 ***150.00



735 KIWI CIRCLE 735 KIWI CIRCLE WINTER PARK FL 32789 WINTER PARK FL 32789				,				
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 04/29/1992			
		2a. Mailing Address			4. FEI Number		Applie	
2. Principal Plac	e of Business	├ ──			59-3122880			pplicable
21		Suite, Apt. #, etc.		<u> </u>	5. Certificate of Status Desired		\$8.75 Add	
Suite, Apt. #,	etc.	27			5. Certificate of States Seemes		Fee Requi	
22		City & State			6. Election Campaign Financing		\$5.00 Ma	- 1
City & State		28			Trust Fund Contribution		Added to F	ees
23	Country	Zip	Country		8. This corporation owes the curre	nt year Inta	ngible MaYes □]No
Zip	25	29 30	ī		Personal Property Tax.	- sistered A		
24	9. Name and Address of Curren				10. Name and Address of New R	agistereu A	igent	
	9. Haste dila Adams (S. C.		81	Name				
WEISS	S, CHRISTOPHER, J.	•	82	Street Addr	ress (P.O. Box Number is Not Accepta	ole)		
2 SOL	JTH ORANGE AVENUE					the second of the second of the	1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to be the second
	NDO FL 32801		83					
}			84	City	\$ 5.44 14.5 \$ \$ 100 July 1 450 5 5 5		85 Zip Co	de
]						<u> </u>		gistered
756 HISER NO 747	of Sections 607 050	2 and 607 1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the ion's board of directors. I hereby accept	purpose of t the appoir	changing its regit	stered
11. Pursuant to	gistered agent, or both, in the State	of Florida. Such change was auth	norized by la Statute	y the corporau s.	on's board of directors. Friendly descrip			-
agent. I an	gistered agent, or both, in the State in familiar with, and accept the obliga	itions of, Section 607.0000, 1 long						
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Age	ent signature requir	ed when reinstating)	DATE	ID DIRECTOR	S IN 12
	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	-ICERS AN	Change	Addition
12.	D	☐ DELETE	1.1 TITLE		A STATE OF THE STA		Onlange	
TITLE	FRATT, ARDIS E.		1.2 NAME	<u>:</u>)				
NAME	735 KIWI CIRCLE		1.3 STRE	ET ADDRESS			•	
STREET ADDRESS	WINTER PARK FL		1.4 CITY-	ST-ZIP			Change	Addition
CITY-ST-ZIP	WHITEIT FAIR IE	☐ DELETE	2.1 TITLE					
TITLE			2.2 NAME	.				
NAME			2.3 STRE	ET ADDRESS				
STREET ADDRESS	A CONTRACTOR OF THE STATE OF TH	·-	2. 4 CITY	-ST-ZIP			Change	Addition
CITY-ST-ZIP		DELETE	3.1 TITLE				☐ Change	
TITLE 37-4			3.2 NAM	E				
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STREET ADDRESS	Section 1		3.4. CITY	Y-ST-ZIP		1	` ☐ Change	Addition
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NAME	ş		4.3 STR	EET ADDRESS				
STREET ADDRESS			4.4 CIT	r-ST-ZIP				Addition
CITY-ST-ZIP		DELETE	5.1 TITL				Change	
TITLE			5.2 NAA	AE .			•	
NAME	Ì		5.3 STR	REET ADDRESS				
STREET ADDRESS	l o		5.4 CIT	Y-ST-ZIP	<u> </u>			Addition
CITY-ST-ZIP		☐ DELETE	6.1 TITI			•	Change	☐ Addidot
TITLE	Page 1 A 14		6.2 NA	ME				
NAME		•	6.3 STF	REET ADDRESS				
STREET ADDRESS	5		0.4.007	V CT 710				
CITY-ST-ZIP	L	the this filing does not qualify for	r the exer	notion stated i	in Section 119.07(3)(i), Florida Statute	. I further o	ertify that the i	ntormation Lam an

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: