PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90071 024 \*\*\*150.00

DOCUMENT # V53586 1. Corporation Name -FDR-ENTERPRISES,-INC Mailing Address Principal Place of Business 1241 POINSETTA 1241 POINSETTA APOPKA FL 32703 APOPKA FL 32703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/28/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-3133252 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip Zip 8. This corporation owes the current year Intangible □No 25 Personal Property Tax. 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RICHARDSON, FRANK 82 Street Address (P.O. Box Number is Not Acceptable) 1241 POINSETTA APOPKA FL 32703 83 Zip Code 84 City 85 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) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition ☐ DELETE 1.1 TITLE TITLE RICHARDSON, FRANK 1.2 NAME NAME 1241 POINSETTA STREET ADDRESS 1.3 STREET ADDRESS apopka fl 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZIP ☐ Change ☐ Addition □ DELETE 3.1 TITLE TITLE NAME 32 NAME 2018 11 1945 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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** 

Date Date Phone # 100 - 290 DAZ