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

STREET ADDRESS

**SIGNATURE:** 

14. Thereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or suppliemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execute.

Block 12 or Block 13 if changed, or on an atla

FILED Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P93000077185 (5) FORTUNE DU POT CORP. Principal Place of Business Mailing Address 10035 SUNSET STRIP 12150 NW 21ST CT. PLANTATION FL 33323 SUNRISE FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1993 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0447823 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country ntry 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAIGEL, JEAN F 12150 NW 21ST CT Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33323** 83 City 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, typod or penters name of registered agent and little if applicable (NOTE: Flagistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition WAIGEL, JEAN F NAME 1.2 NAME 12150 NW 21ST CT STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33323** CITY-ST-ZIP 1.4 City - ST-ZiP DELETE Change ☐ Addition TITLE 2.1 TITLE NAME WAIGEL, JACQUELINE 2.2 NAME 12150 NW 21ST CT STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33323** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5 DITY-ST-ZIP DELETE TITLE Change Addition TITLE NAME VAME

> TREET ADDRESS CHTY-ST-ZIP

comption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath, that I am an this report as temperature by Chapter 607, Florida Statutes; and that my name appears in