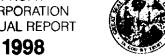
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000100010 (2)

FLOOF, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address					- 1447744 144 1441 1441 4411 4411 4411 1441 4411 1441 4411 1441 4411 1441
3055 ESTATE DRIVE			3055 ESTATE DRIVE					
POMPANO BEACH FL 33069			POMPANO BEACH FL 33069					DO NOT WRITE IN THIS SPACE
							-	
								3. Date Incorporated or Qualified
Drie alea l D	lace of Business		Ad-th- Add-					11/21/1997
⊢	ace of Business	<u></u>	Mailing Address					4. FEI Number 4. 5 - 0 7 9 8 2 0 8 Applied For Not Applicable
26								The state of the s
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
		27	0. 800					Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23	28							Trust Fund Contribution Added to Fees
Zip	Country		Zip	\vdash	Country			This corporation owes or has paid the current year Intangible
24	25	[29]		30	30]		<u>.</u>	Personal Property Tax due June 30. Yes No
	g. Name and Address of Curre	nt Hegis	tered Agent		1	T ::::		10. Name and Address of New Registered Agent
	ianin, dolores				81	Na	ime	'
3055 ESTATE DRIVE				82 Street Add			eet Addres:	ss (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33069								
}					83			
ļ					84	Cit		85 Zip Code
					"	"	У	FL 65 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 60	07 1508, Florida Stalu	iles, the a	bove	e-nar	ned corpora	ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
office of h	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Floric lations of	da. Such change wa s L.Section 607.0505. F	authorize Iorida Sta	o by Jules	/ the s	corporation	of s board of directors. Thereby accept the appointment as registered
•		,	,,			-		
SIGNATURE	Signature, typied or printed name of registered ag-	ent and title	if applicable (NO	Tt : Registere	d Age	ent sign	nature required v	when reinstating) DATE
12.	OFFICERS AN	ID DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 T	ITLE			Change Addition
NAME	MANIN, DOLORES			12 N	AME			
STREET ADDRESS	3055 ESTATE DRIVE			1.3 S	TREET	ADDRE	ESS	
CITY-ST-ZIP	POMPANO BEACH FL 3306	RQ		140	ITY-SI	T- 71P		
TITLE			DELETE	211				Change Addition
NAME				2 2 N				
STREET ADDRESS						ADDRE	:00	
CITY-ST-ZIP							•	•
TITLE			DELETE	3.1 1		ST-ZIP		☐ Change ☐ Addition
NAME	•			3.2 N				C Onlings C Hounton
STREET ADDRESS						ADDRE		
CITY-ST-ZIP						ST-ZIP		
TITLE	L. DELETE				4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 N	AME			
STREET ADDRESS				4.3 S	TREET	ADDRE	SS	
CITY-ST-ZIP				4.4 C	ITY-SI	T-ZIP		
TITLE			☐ DELETE	5.1 Ti	ITLE			Change Addition
NAME				52 N	AME			
STREET ADDRESS				5.3 S	TREET	ADDRE	SS	
CITY-ST-ZIP				5.4 C	ITY-SI	I - ZIP		
TITLE			DELETÉ	5.1 TI				☐ Change ☐ Addition
NAME				6.2 N	AME			
STREET ADDRESS						ADDRE	SS	
CITY-ST-ZIP					TY-ST			
Q111-01-2F				0.4 0	11.91	1.51		

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 received 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

Malace