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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F39223

(5)

### Action of Business #### Action of Business ####### Action of Business ###################################	MADE	WITH LOVE, INC.				
BOCA RATON FL 33494 BOCA RATON FL 33494 S	Principal Plac	e of Business	Mailing Address			BROW BUERL DADIN BROWN DUDIN 1004
Province of Business 2a. Mailing Addriess 4. FE Number 59-2100487 No. Applicable	BOÇA RATON FL 33434 BOCA RATON FL 33434					
2. Moning Additions	1				· · ·	
Suite, Apt #, etc.	9 Principal P	Place of Business	2a Mailing Address			I Anglind For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 27 27 27 27 27 2		lace of positions	⊢ ¬			.
27		#. etc.		· · · = · · · · · · · · · · · · · · · ·		
City & Sietle City & Sietle	22		27		5. Certificate of Status Desired	•
28	City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
28	23		28		Trust Fund Contribution	
WOLF, JUDI P DELETE 13 STREET ADDRESS SUPERIADDRESS STREET ADDRESS SUPERIADDRESS STREET ADDRESS SUPERIADDRESS STREET ADDRESS		Country		·	•	
WOLF, JOEL I 8221 W. GLADES RD BOCA RATON FL 33434 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sockons 607 0649 and 607 1506. Fiorida Statutes, the composition is board of directors. I horizon provision is directory in the State of Hondry, Sueh change was earther/200 by the corporation's board of directors. I horizon provision is directory in the State of Hondry Sueh change was earther/200 by the corporation's board of directors. I horizon provision and accept the appointment as registered agent. I am familiar with, and accept the chiquitons of, Section 607 0505, Forida Statutes. SIGNATURE Signature fractor provision and accept the chiquitons of, Section 607 0505, Forida Statutes. 12.	24		29	30		
### City FL 85 Ziro Code		· · · · · · · · · · · · · · · · · · · 	t Registered Agent	R1 Name	10. Name and Address of New Hegiste	red Agent
BOCA RATON FL 33434 B3				oi Manie		
STREET ADDRESS STRE				82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
SIGNATURE PD OFFICERS AND DIRECTORS 1.3 MANE SIREET ADDRESS 1.3 SIREET ADDRESS	BO	ICA RATUN FL 33434		83		
1. 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 agent, or both, in the Statut of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505. Florida Statuted by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of Section 607 0505. Florida Statuted by the corporation's board of directors. I hereby accept the appointment as registered of the provision of the prov						
11, Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the pursoes of changing as registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE				84 City		85 Zip Code
12	office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the Statu im familiar with, and accept the obliga	2 and 607.1508. Florida Sta of Florida. Such change wa ations of, Section 607.0505,	tutes, the above-named co is authorized by the corpor Florida Statutes.	progration submits this statement for the purpose	se of changing its registered
NAME WOLF, JOEL	SIGNATURE	Signature, typod or printed name of roge timed agen	nt and title if applicable (N	(OI) Registered Agent signature rea	quired when reinstating) DA	TE C
NAME WOLF, JOEL	12.			13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME WOLF, JOEL	TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition 은
NAME WOLF, JOEL	NAME	1	• • • •	1.2 NAME		8
NAME WOLF, JOEL	STREET ADDRESS	- · · ·		1.3 STREET ADDRESS		Ř
NAME WOLF, JOEL			T OFFICE			
STREET ADDRESS BOCA RATON FL 33496 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[=	☐ OFFE IF			Li Unange Li Addition O
CITY-S1-ZIP	l .					
TITLE	*					
NAME		BUCA HATUN FL 33496	DOCLETE			Change Addition
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CITY-ST-ZIP				i i		
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64 CITY-ST-ZIP 14. Thereby 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 trusted empowered be 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 attrichment with an address.

Anci malas

FILED

Jun 02 1998 8:00am

Secretary of State