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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 28 1997 8:00am

Secretary of State

Daytime Phone #

177969

Secretary of State DIVISION OF CORPORATIONS

1997

| FANTASI | MENT # F524 IES IN LACE, INC. | | (-, | | | # (8.8) 18.0 id 6 id 6 | Badan dende ender ein | | ifahi digah aidi |) aland ihat |
|--|---|---|---|---|--|------------------------------------|-------------------------------------|--|--|--|
| Principal Place 5760 SW 9 ST PLANTATION FL | • | 5780 \$ | g Address SW 9 ST ATION FL 33317-4 | 704 | <u></u> | | | # 0 0 1 1 1 1 1 1 1 1 1 | 1471) 4141) 414 140) 614 3 614 | |
| US | . 33317 | US | MINOR PE SOUTH | /VT | | | | | | |
| | | | | | | 3. Date Incorporat 11/03/1981 | ed or Qualified | | ate of Last F 16/1996 | leport |
| 2. Principal Pla | ace of Business | 2a. Ma | ailing Address | | | 4. FEI Number | | | | pplied For |
| 1 | | 26 | | | | 59-212697 | <u> </u> | | | ot Applicable |
| Suite, Apt # | #, etc | j | ite, Apt. #, etc. | | | 5. Certificate of St | atus Desired | | | Additional equired |
| City & State | | [27] Cit | ty & State | | | 6. Election Campa | ion Financino | | | May Be |
| 3 | | 28 | • | | | Trust Fund Cont | | | | to Fees |
| Zφ | Country | Zıç |) | Cour | ntry | 8. This corporation | | | | . 199.032 |
| 4 | 9. Name and Address of (| 29 | d Anoni | 30 | | Florida Statutes 10. Name and Add | | | No | |
| I EID | OWITZ, JOANN | Current Negistere | o Agent | | 81 Name | TO, ITAIIID BIID AUG | I TON IV CAN IN | pgistereu i | Agent | |
| | SW 9TH ST. | | | } | 82 Street Add | ress (P.O. Box Number | in Mot Accorda | blo) | | |
| | NTATION FL 33317 | | | 1 | 92 Super Aug | iless (F.O. DOX Number | is Not Accepta | Diej | | |
| | | | | [| 83 | | | | | |
| | | | | ŀ | 84 City | | | | 85 Zip | Code |
| | | 07.01.00 | 4500 St. 11- 01-1 | | 1 | | -1 | FL | . | ta va sintava d |
| II. Pursuant b | o the provisions of Sections 60 egistered agent, or both, in the | 07.0502 and 607.1 | 1508, Fiorida Stati | utes, the ab | ove-named corp | poration submits this sti | atement for the s. I bereby acce | purpose of of the app | r changing i ointment as | registered |
| office or re | sgistorou agent, bi both, in the | e State of Florida. | Such change was | s aumorized | by the corpora | ition's board of directors | | | | |
| agent Lar | n familiar with, and accept the | e State of Florida. o obligations of, Se | Such change was action 607.0505, F | Florida Statu | t by the corpora utes. | ition's board or directors | | | | |
| agent Lar _ SIGNATURE | in familiar with, and accept the | obligations of, Se | oction 607,0505, I | -lorida Statu | by the corpora | · | | DATE | | |
| agent Lar SIGNATURE | n familiar with, and accept the sgrown tyred or printed name of regist OFFICER | obligations of, Se | oction 607,0505, F plicable. (NO DRS | -lorida Statu | Jies. | · | | DATE | | RS IN 12 |
| agent Lar SIGNATURE | in familiar with, and accept the spirior tyred or printed name of regist OFFICER \$TD | obligations of, Se | plicable. (N | DTE: Registered | Agent signature requi | ired when reinstaling) | | DATE | DIRECTOR | |
| agent Lar SIGNATURE 112. TILLE NAME | s granular with, and accept the Signal typed or printed name of regist OFFICER STD LEIBOWITZ, LAWRENCE | obligations of, Se | oction 607,0505, F plicable. (NO DRS | DTE: Registered 13. 11 TIT | Agent signature requi | ired when reinstaling) | | DATE | | RS IN 12 |
| AGENT LANDSIGNATURE 12. THE NAME SIRELT ADDRESS | Straight ar with, and accept the straight typed or printed name of regist OFFICER STD LEIBOWITZ, LAWRENCE 5780 SW 9TH ST. | obligations of, Se | oction 607,0505, F plicable. (NO DRS | DTE: Registered 13. 11 TIT 1.2 NAI 1.3 STI | Agent signature requi | ired when reinstaling) | | DATE | | RS IN 12 |
| AGENT LAP SIGNATURE 112. THE NAME SIRELY ADDRESS CITY: ST-ZIP | School tyred or printed name of reget OFFICER STD LEIBOWITZ, LAWRENCE 5780 SW 9TH ST. PLANTATION FL | obligations of, Se | oction 607,0505, F plicable. (NO DRS | DTE: Registered 13. 11 TIT 1.2 NA 1.3 STI 1.4 CIT | Agent signature requires LE ME REET ADDRESS IY-ST-ZIP | ired when reinstaling) | | DATE | | RS IN 12 |
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