

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT -9 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003160(9)

1. Corporation Name

DEJAY/STINGER CORPORATION

Principal Place of Business

Mailing Address

631 US HWY ONE
SUITE 307

SAME

NORTH PALM BEACH, FL

33408

2. Principal Place of Business

21 784 U.S. HWY 1

Suite, Apt. #, etc.

22 SUITE 16

City & State

23 NORTH PALM BEACH, FL

Zip

Country

24 33408

25 USA

2a. Mailing Address

26 SAME AS #2

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JAMES BOLOGORCES

631 US HWY 1 SUITE 307

N. PALM BEACH, FL 33408

3. Date Incorporated or Qualified

7/08/93

4. FEI Number

04-2468210

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

WILLIAM BLOTNICK

82 Street Address (P.O. Box Number is Not Acceptable)

784 U.S. HWY 1

83

SUITE 16

84

CITY NORTH PALM BEACH

FL

85 Zip Code

33408

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

William P. Blotnick

WILLIAM P. BLOTNICK

10/1/98

12. OFFICERS AND DIRECTORS

11

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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