

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).

FILED

Aug 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000005256 (1)

1. Corporation Name
LIMIT DEAD EDITIONS, INC.



Principal Place of Business

5300 N POWERLINE RD #200
FT LAUDERDALE FL 33309

Mailing Address

5300 N POWERLINE RD #200
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

4. FEI Number

65-0621538

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

2. Principal Place of Business

21 1875 SW 4 Ave, #200
Suite, Apt. #, etc.

22 Suite C-4
City & State

23 DELRAY BEACH, FL
Zip Country

24 33444 25 USA

2a. Mailing Address

26 5030 CHAMPION BLVD.
Suite, Apt. #, etc.

27 Suite G6-255
City & State

28 BOCA RATON, FL
Zip Country

29 33496 30 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 187TH ST
N MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name SHEP ALSTER

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

5030 CHAMPION BLVD.

83 Suite G6-255

84 City BOCA RATON

FL

85 Zip Code 33496

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALSTER, SHEPARD
STREET ADDRESS 5300 N POWERLINE RD #200
CITY-ST-ZIP FT LAUDERDALE FL 33309

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME ALSTER, SHEPARD
1.3 STREET ADDRESS 5030 CHAMPION BLVD., #G6-255
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 receiver 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.

SIGNATURE:

CR2E034 (5/98)