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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G02891

(1)

FILED Feb 17 1998 8:00am Secretary of State

I. Corporation	i i i i i i i i i i i i i i i i i i i	` '			
DARK A	AGES, INC.				dia 82821 Walley 81811 Bidia 1884
Principal Plac	e of Business	Mailing Address		L SÆBBITA AQUI ABSUR ALADA ADAUD LANDA SAUD. SAUT DIBUL DI	DII AIBU ALAH MIMIN MININ 1841
C/O PIGNATO UNDERWOOD BLUNDELL C/O PIGNATO UNDERWOOD			OD BLUNDELL		
101 SE ETH		101 SE 6TH AVE., STE. A		DO NOT WRITE IN THE	S SPACE
DELRAY BCH	. FL 33483	DELRAY BOH. FL 33483		3. Date incorporated or Qualified	J JI AOL
				10/01/1982	Ì
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2246022	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, otc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	∐ Yes ∐ No
	9. Name and Address of Current	Hedisteled Adeut	81 Name	10. Name and Address of New Registere	p Agent
	ECHE, PETER V., SR.		1481116		
101 SE 6TH AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	E. A		63		
DE	LRAY BCH. FL 33483		• •		
			84 City	F	85 Zip Code
11 Purcuant	to the provisions of Sections 607 0503	and CO7 1509 Florida Statut	as the above named core	poration submits this statement for the nurrose	of changing its registered
office or r	egistered agent or both, in the State of	Florida, Such change was a	uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	opointment as registered
	m familiar with, and accept the obligati	ons of, Section 607.0505, FR	rida Statutes.		
SIGNATURE	Signature Typied or printed quital of requisions dargent	and the dispelicable (NOII)	Registered Agent signature requir	red when reinstating) DATE]
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE	70. 70. 70.	☐ Change ☐ Addition
NAME	CHECHE, PETER V., SR.		1.2 NAME		1
STREET ADDRESS	101 SE 6TH AVE., STE. A		1.3 STREET ADDRESS		ļi
CITY-ST-ZIP	DELRAY BCH. FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELFTE	2.1 TITLE		Change Addition
NAME	LONGO, JAMES		2.2 NAME		
STREET ADORESS	101 SE 6TH AVE., STE. A		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH. FL	<u> </u>	2 4 CITY-ST-ZIP		
JULTE .		DEFE LE	3.1 TITLE		Change Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		T Section	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		L Change L Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·	- I pro r it	4.4 CITY-ST-ZIP		
TITLE		□ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		ļ
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		The results The vention
NAME CARCEL ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 conjugation or the receiver or trusted 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.

(561) 276-3821 (561) 276-3821

SIGNATURE:

President

1/30/98