

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H59792 (2)

1. Corporation Name
WEDDING BELL SERVICES, INC.

Principal Place of Business 1100 OPA LOCKA BLVD BAY 2A OPA LOCKA FL 33054 US	Mailing Address P.O. BOX 541547 BAY 2A OPA LOCKA FL 33054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Wedding Bell Ser. 22 Suite, Apt. #, etc. 3049 N.W. 204 TERR 23 City & State Miami FLA 24 Zip 33056 25 Country DADE		2a. Mailing Address 26 3049 N.W. 204 TERR 27 Suite, Apt. #, etc. Mi 28 City & State Miami FLA 29 Zip 33056 30 Country DADE		3. Date Incorporated or Qualified 06/03/1985	
4. FEI Number 26-4521910		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EDWARDS, JOE 3049 NW 204 TERR MIAMI FL 33055				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 *Joe Edwards* (NOTE: Registered Agent signature required when reinstating) DATE 4-20-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	EDWARDS, JOE	1.1 TITLE		1.2 NAME	
STREET ADDRESS		3049 NW 204 TERR		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		MIAMI, FL 33055		2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	EDWARDS, BRENDA	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		3049 NW 204 TERR		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		MIAMI, FL 33055		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 *Joe Edwards* 4-20-98 2-420551

CR2E034 (10/97)