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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(3)

DISC-JOCKEY, INCORPORATED

**FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							REDIT GIBLE BIBL		I BABII 1494
COMMERCIAL SERVICES CO 6251A NORTH DIXIE HWY FORT LAUDERDALE FL 33334 US		COMMERCIAL SERVICES CO 62514A N DIXIE HWY FORT LAUDERDALE FL 33334 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 10/28/1988				
2. Principal Pl	ace of Business	2a. Mailing Address	ta. Mailing Address			4. FEI Number		Ar	oplied For
21		26			65-0083045		-	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>-</del>			5. Certificate of Status Desired			Additional
City & State		City & State			<b>6</b> F(		<del></del>	equired	
23	,	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution C. Added to Fees			
Zip			Count	Country		8. This corporation owes or has paid	d the current	year Int	angible
24	25 29 30			Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent     ONNACCONS COMPANY					ame	10. Name and Address of New Reg	istered Age	nt	
COMMERCIALSERVICES COMPANY 6251A NORTH DIXIE HWY							<del>~</del>		
SUITE 228				92 S	treet Addres	ss (P.O. Box Number is Not Acceptabl	e)		
FO	RT LAUDERDALE FL 3334		8	13					
			8	14 C	ity		<b>-</b> 8	<b>5</b> Zip (	Code
11. Pursuant t	o the provisions of Sections 607.0503	and 607 1509 Florida Statutor	the abo	)/O-D	med corno	ration submits this statement for the pu	FL °	angino it	e registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was au	ilhorized	by the	e corporatio	n's board of directors. I hereby accept	the appoint	ment 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 little if applicable (NOTE Registered					gnature required		DATE		
12.	OFFICERS AND	DELETE	13.	<u> </u>	1	ADDITIONS/CHANGES TO OFFICE		RECTOR Change	S IN 12
NAME	TORREGROSSA, JOHN	Control	1.2 NAM		İ		لبيا	unange	C Addition
STREET ADDRESS	1040 BAYVIEW DR		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP						
TITLE	DELETE 21T		2.1 TITLE	E				Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE		RESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		P .				
TITLE				3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM						
STREET ADDRESS			3.3 STRE						
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY 4.1 T(TLE		P		П	Change	Addition
NAME		- Pereit	4. 2 NAM				_	onango	
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CITY-ST-ZIP			4.4 CITY						İ
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NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADD	RESS				
CITY-ST-ZIP			5.4 CITY	- ST - ZII	,				
TITLE		☐ DELETE	61 TITLE					Change	Addition
NAME			6.2 NAM	Æ					ŀ
STREET ADDRESS			6.3 STRE	ET ADO	RESS				
CITY-SY-ZIP			6.4 CtTY	- ST - Z(I	<b>.</b>				

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.