## 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 # L7971

(9)

NAMES FOR DAMES ST. AUGUSTINE, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address									
•	% NATIONAL CORPORATE RESEARCH, LTD., INC. 1408 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301		% NATIONAL CORPORATE RESEARCH. LTD INC. 1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301			DO NOT WRITE IN THIS SPACE							
								3. Date Incorporated or Qualified 06/12/1990					
2. Principal Place of Business			2a. Mailing Address			4.	FEI Number			Applied For			
21			26				22-3066208			Not Applicable			
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		•	.75 Additional se Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		•	.00 May Be	
24	Zip	Country 25	29	Zıp	30 Cou	ıntry		8.	This corporation owes or has pa Personal Property Tax due June	_	ent ye Yes	ar Intangible  No	
	9, Name	and Address of Current	Regi	stered Agent		$\mathbf{I}$		10.	Name and Address of New Re	gistered A	gent		
		ORPORATE RESEARCH	, LT	D., INC.		B1	Name						
1406 HAYS STREET, SUITE 2 TALLAHASSEE FL 32301					82	Street Addres	freet Address (P.O. Box Number is Not Acceptable)						
						63							
						84	City			FL	85	Zip Code	

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.

-	n familiar with, and accept the obligations of	, accion car.casa, ric	AIOG OLGIGIOS.		
SIGNATURE .	Signature, typed or printed name of registered agent and title	d applicable (NOT)	: Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	SD SD	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	FAN, LEO		1.2 NAME		
STREET ADDRESS	820 WASHINGTON AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CARLSTADT NJ		1.4 CITY - ST - ZIP		
TITLE	DS	☐ DELE <b>TE</b>	2.1 TITLE	☐ Change	Addition
NAME	KOO, KITTY		2.2 NAME		
STREET ADDRESS	<b>620 WASHINGTON AVE.</b>		2.3 STREET ADDRESS		
CITY+ST-ZIP	CARLSTADT NJ		2. 4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE	Change	Addition
NAME	FORINA, JOHN		3.2 NAME		
STREET ADDRESS	820 WASHINGTON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARLSTADT NJ		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		····
TITLE		☐ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			0.4.0171/ .07. 710		

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.

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