


2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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| 1. Name and Mailing Address of Limited Liability Company DINKS, L.C. 4460 N. FEDERAL HWY. LIGHTHOUSE FL 33064 | DOCUMENT # L96000001247 |
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|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | Country |
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| 1a. Principal Place of Business Address 4460 N. FEDERAL HWY. LIGHTHOUSE FL 33064 |
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| 3. Date Organized or Qualified 11/27/1996 | 3a. State of Formation FL |
| 4. FEI Number 65-0745308 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report 09/23/1997 | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

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| 7. Name and Address of Current Registered Agent MORTE, VICTOR G 2412 SE 13TH CT. POMPANO BEACH FL 33062 |
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| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL | Zip Code |
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | LAMORTE, VICTOR G | 2412 SW 13TH CT. | POMPANO BEACH FL |
| MGRM | LAMORTE, DONNA M | 2412 SW 13TH CT. | POMPANO BEACH FL |

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****188.75 ****188.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: _____
Date _____

②

Dear Brenda Tadlock

Please Be Advised, that I did not
receive my First Notice for Filing the
h.c. Report. Enclosed is a check for
188.75 per our phone conversation

Any Questions
Please call

Vic LaMorte

(954) 782-4723