

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M21081 (8)
1. Corporation Name
ADAZZLE'S, INC.



Principal Place of Business Mailing Address
7317 MIAMI LAKES DR. 7317 MIAMI LAKES DR.
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2583847	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

MONTANA, NICHOLAS
7317 MIAMI LAKES DR.
MIAMI LAKES FL 33014

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE *Nicholas Montana*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when constituting)

1-5-98

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		11 TITLE		☐ Change ☐ Addition	
NAME	MONTANA, NICHOLAS			12 NAME			
STREET ADDRESS	7317 MIAMI LAKES DR.			13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33014			14 CITY-ST-ZIP			
TITLE	VP	☒ DELETE		21 TITLE	<i>Terry Montana</i>	☒ Change ☐ Addition	
NAME	PEREZ, TERRY			22 NAME	<i>7317 Miami Lakes Dr</i>		
STREET ADDRESS	7317 MIAMI LAKES DR.			23 STREET ADDRESS	<i>Miami Lakes FL 33014</i>		
CITY-ST-ZIP	MIAMI LAKES FL 33014			24 CITY-ST-ZIP			
TITLE		☐ DELETE		31 TITLE		☐ Change ☐ Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE		☐ Change ☐ Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE		☐ Change ☐ Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE		☐ Change ☐ Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 *Nicholas Montana*

1-5-98 (05) 4325257

CR2E034 (10/97)