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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

FILED Mar 31 1998 8:00am Secretary of State

| FALIVI | DEACH NOTICES, INC. | | | | | 818/1 618/1 8 / 8/1 8/9/1 8/6/1 188/ |
|-----------------------------------|---|--|--|---|---|--|
| Principal Plac | e of Business | Mailing Address | | ······································ | | ENNAH OLON OLON OMBAN OLON HADI |
| | | P. O. BOX 123 | | | | |
| JUPITER FL 33468 JUPITER FL 33468 | | | | DO NOT WRITE IN TH | HIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | |
| 9 Principal P | lace of Business | 2a. Mailing Address | | | 07/14/1988 | |
| 21 26 | | | Madress | | 4. FEI Number | Applied For |
| Suite, Apt. | Suite, Apt #, etc. | te Aot # etc. | | 65-0078644 | Not Applicable | |
| 22 27 | | | 4 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 | | | | | Trust Fund Contribution | Added to Fees |
| Zip Country Zip | | Ζφ | Country | | 8. This corporation owes or has paid the | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | ☐ Yes ☐ No |
| | g, Name and Address of Curren | nt Registered Agent | | | 10. Name and Address of New Register | ed Agent |
| DIR | rr, donna | | 1 | Name | | |
| | VENUSE STREET #18 | | 1 | Street Add | Iress (P.O. Box Number is Not Acceptable) | |
| JUI | PITER FL 33458 | | L | | | |
| | | | 1 | 33 | | |
| | | | į į | 4 City | | 85 Zip Code |
| 44 Durawant | to the gradient of Continue COZ OF | 0 10074500 5 | | | | ■ i _ ` |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | iz and 607,1508, Florida Statut of Florida: Such change was i ations of, Section 607,0505, Fli | es, the abo authorized orida Statu | ove-named corpora by the corpora les. | poration submits this statement for the purposition's board of directors. I hereby accept the | e of changing its registered appointment as registered |
| SIGNATURE | | | | | | |
| | Signature typed or printed name of registered age | | | Agent signature requi | red when reinstating) DAT | |
| 12. | OFFICERS AN | DELETE DELETE | 13. | - Т | ADDITIONS/CHANGES TO OFFICERS | |
| NAME | DIRR. DONNA | C) otter | 1.1 T/TL | į | | Change Addition |
| STREET ADDRESS | 220 VENUS STREET #18 | | 1.2 NAM | - | | |
| CITY-ST-ZIP | JUPITER FL | | | EET ADDRESS | | |
| TITLE | JOHNEMALE | DELETE 21TI | | -ST-ZIP | | Change Addition |
| NAME | | | 2.2 NAM | - 1 | | C cuande C vontrion |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | DELETE | 3.1 TITL | | | Change Addition |
| NAME | | | 3.2 NAM | E . | | |
| STREET ADDRESS | | | 3.3 STR | ET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY | r-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITL | : | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAA | lE | | |
| STREET ADDRESS | | | 4.3 STR | ET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CITY | - ST- ZIP | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | | Change Addition |
| NAME | | | 52 NAM | E | | |
| STREET ADDRESS | | | 53 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY | - ST - ZiP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAM | E | | 1 |
| STREET ADORESS | | | 6.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | and all all all all all all all all all al | | 6.4 CITY | - ST - ZIP | | |
| 14. I hereby o | ertify that the information supplied w | th this filing does not qualify fo | or the exem | ption stated in | Section 119.07(3)(i), Florida Statutes. I further | certify that the information |

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporat
Block 12 or Block 13 if changed