FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 **PROFIT** FLORIDA DEPARTMENT STATE **CORPORATION** Sandra B. Morti **ANNUAL REPORT** Secretary of Sta DIVISION OF CORPOR 1998 IONS

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

1. Corporation	3.7.142.110	0003521 (1)					
Principal Place of Business Mailing Address						ALDO FILIDA DICED IAL	/DI ((B) (DD)
7966 TENNYSON COURT BOCA RATON FL 33433		7966 TENNYSON COURT BOCA RATON FL <b>33433</b>			DO NOT WRITE IN THIS	S SPACE	
			İ		3. Date Incorporated or Qualified		
			<u> </u>		11/03/1992		
2. Principal Place of Business 2s. Mailing Address						oplied For	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					65-0370584		ot Applicable
22 27 27			<b>C</b> .		5. Certificate of Status Desired		Additional equired
City & Star	te	City & State		6. Election Campaign Financing	<del></del>		
23		28		Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the c		
24 25 29			30		Personal Property Tax due June 30.	X Yes	] No
	9. Name and Address of Current	Registered Agent	81	I M	10. Name and Address of New Registered	i Agent	
	ARGOLIES, ISRAEL		61	Name			
7968 TENNYSON COURT			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
BC	OCA RATON FL 33433		83				
			84	City	FI	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the above	l e-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap		s registered
office or o	registered agent, or both, in the State or am familiar with, and accept the obligat	of Florida. Such change was a tions of Section 607,0505. Flo	authorized by orida Statute	the corpor	ration's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE							
	Signature, typed or printed name of registered agen		E: Registered Age	ent signature rec	quired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	MADOOUTO IODATI	☐ DELÈTE	1.1 TITLE			L. Change	☐ Addition
NAME STREET ADORESS	MARGOLIES, ISRAEL 7966 TENNYSON COURT		1.2 NAME	I DDDCCC			
CITY-ST-ZIP	BOCA RATON FL			ADDRESS			[]
TITLE	VDT	DELETE	1.4 CITY - S 2.1 TITLE	1-715		Change	Addition
NAME	MARGOLIES, MICHAEL Z	• • • • • • • • • • • • • • • • • • • •					
STREET ADDRESS	OUT INLA DI ATA		23 STREET	ADDRESS			ŀ
CITY-ST-ZIP	ALIIO A O O H		2. 4 CITY - 5				
TITLE	VD	DELETE 3.1 TO				Change	Addition .
NAME	MARGOLIES, ELLIOT		3.2 NAME				1
STREET ADDRESS	3205 EMERSON		3.3 STREET	ADDRESS			
CITY-ST-ZIP	PALO ALTO CA		3.4. CITY-5	ST - ZIP			
TITLE	VD	☐ DELETE	4.1 TITLE	1		☐ Change	Addition
NAME	MARGOLIES, JOSH		4. 2 NAME				ļ
STREET ADORESS	8203 BLACKLAURN AVE LOS ANGELES CA		4.3 STREET				ľ
CITY-ST-ZIP TITLE	VD VIOLELS ON	DELETE	4.4 CITY-S 5.1 TITLE	1-21r		Change	Addition
NAME	MARGOLIES, JOEL		5.2 NAME			-1101.80	
STREET ADDRESS	285 AYCRIGG AVE		5.3 STREET	ADDRESS			
CITY-ST-ZIP	PASSAIC NJ		5.4 CITY-S				
TITLE		DELETE 6.17		<del></del>		☐ Change	☐ Addition
NAME			6.2 NoME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CI Y - S	T-ZIP			l

14. Thereby 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 any 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 his 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.