| AMOUNT D | DTICE: CORPORATION WILL I UE ON OR BEFORE 09/30/98: \$550 (IF PROFIT | | | E TO REIN | STATE: \$750). |] | FILED |
|---|--|--|--|--|---|---|--|
| COF | RPORATION | | Sandra | | | | 1998 8:00ai |
| ANNUAL REPORT | | | Secretary of State DIVISION OF CORPORATIONS | | | Secretary of State | |
| DOCU | IMENT # P9300 | 00313 | 353 (4) | | | | |
| P. DAK | otah, inc. | | | | | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 0751 PEBBLE CREEK COURT 20751 PEBBLE CREEK COURT COCA RATON FL 33498 BOCA RATON FL 33498 | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified 04/29/1993 | |
| Principal (| Principal Place of Business | | 2a. Malling Address | | | 4. FEI Number | Applied For |
| Suite, Apr | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 65-0488823 | Not Applicable |
| | · · · · · · · · · · · · · · · · · · · | 27 | | | <u> </u> | 5. Certificate of Status Desired | Fee Required |
| City & Sta | City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zi |) | | intry | 8. This corporation owes or has pa | |
| | 25 9. Name and Address of Cu | 29 rrent Register | ed Agent | 30 | | Personal Property Tax due June 10. Name and Address of New Re | |
| | SENTHAL, DONALD | | | | 61 Name | | |
| 20751 PE B BLE CREEK COURT BOCA RATON FL 33498 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | 83 | | ······································ |
| | | | | | 84 City | | FL 85 Zip Code |
| Pursuar office or agent. 1 | nt to the provisions of sections 607. r registered agent, or both, in the S I am familiar with, and accept the o | 0502 and 607.1 Itate of Florida. bligations of, se | 508, Florida Statut Such change was action 607.0505, F | es, the ab authorize lorida Sta | ove-named corpo d by the corporat lutes. | pration submits this statement for the pur ion's board of directors. I hereby accept | pose of changing its registered the appointment as registered |
| IGNATURE | Signature, typed or printed name of registered | · | | | ared Agent signature rec | uired when reinstating) | DATE |
| 2. LE | PTSD | AND DIRECT | | 13. 1.1 TE | TLE | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 |
| ME REET ADDRESS | | | | 1.2 N/ 1.3 ST | | | |
| Y-ST-ZIP | BOÇA RATON FL 33498 | | | | REETADDRESS | | |
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