

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

FILED  
May 18 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 # P93000045669 (7)

1. Corporation Name

CAN'T ARGUE WITH DREAMS INC.

Principal Place of Business

275 E OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33334  
US

Mailing Address

275 E OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33334  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1993

4. FEI Number

65-0420376

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 8421 N.W. 15th Ave  
Suite, Apt. #, etc.

22 Pembroke Pines, Fl  
City & State

23

24 33024  
Zip

Country

25 U.S.A.

2a. Mailing Address

26 8421 N.W. 15th Ave  
Suite, Apt. #, etc.

27 Pembroke Pines, Fl  
City & State

28

29 33024  
Zip

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BLOCK, MICHAEL  
275 E OAKLAND PARK BLVD  
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

STUART A. EPSTEIN, C.P.A.

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

1776 N. PINE ISLAND RD. #316

83

84 City

PLANTATION

FL

85 Zip Code

33322

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



STUART A. EPSTEIN

4/28/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOSEPH, JUDY	
STREET ADDRESS	2808 NE 33RD CT #209	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLOCK, MICHAEL	
STREET ADDRESS	830 NE 18 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

954 448-3312

CR2E034 (10/97)