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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000060597 (9) DOCUMENT #

DATA RIBBONS OF FLORIDA, INC.

**FILED** Mar 23 1998 8:00am Secretary of State



| Principal Place of Busines  120 8. 13TH AFE  120 9. 13TH  |  |                               |                     |                             |   |                                       |  |
|--|--|-------------------------------|---------------------|-----------------------------|---|---------------------------------------|--|
| BOLYMOOP FL 30018 US  Silva   Address   A   Fil Number   Solva   A   Fi | Principal Place of Business Mailing Address  |                               |                     |                             |   |                                       |  |
| US    Substitution    |  |                               |                     |                             |   |                                       |  |
| 2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applies For   Not Applies For   |  |                               |                     |                             |   | DO NOT WRITE IN THIS SPACE            |  |
| Principal Place of Business   2a, Mailing Address   4, FER Number   Applied For Fer Number   25   25   25   25   27   25   27   27   | US   |                               | US                  |                             |   | T T T T T T T T T T T T T T T T T T T |  |
| 2.   |  |                               |                     |                             | - · · · · · · · · · · · · · · · · · ·         |                                       |  |
| Sullo, Apt #, etc.  Sullo, | 2. Principal P   | lace of Business              | 2a. Mailing Address |                             |   | Applied For                           |  |
| Suiter April 8, etc.  27 27 28 20 20 20 20 20 20 20 20 20 20 20 20 20  |  |                               | H=1 *               |                             | 65-0521703                                    | <i>)</i>                              |  |
| City & State   City & Country   City   Country   City   Country   City   Country   City   City   Country   City   C   |  | #, etc.                       |                     |                             |   | \$8.75 Additional                     |  |
| City & State    City & State   City  |  |                               | 27                  |                             | 5. Certificate of Status Desired              | Fee Required                          |  |
| True Fund Contribution   Added to Feys   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Significant   Significant   Significant   Zip   Signi   |  | e                             |                     |                             | 6. Election Campaign Financing                | \$5.00 May Be                         |  |
| Zip    | 23   |                               | 28                  |                             | · · · · · ·                                   |                                       |  |
| 9. Name and Address of Current Registered Agent FRANCISCONO, TRENE 1200 S 13TH AVE HOLLYWOOD FL 33018  82 Street Address (F.O. Box Number is Not Acceptable)  83 Street Address (F.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code)  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent at mariner with, and accept the obligations of. Section 607.0505, Priorida Statutes.  85 GRNATURE Signature hyerd or priorida name of registered agent and accept the obligations of. Section 607.0505, Priorida Statutes.  86 Signature hyerd or priorida name of registered agent and accept the obligations of. Section 607.0505, Priorida Statutes.  87 Signature hyerd or priorida name of registered agent and accept the obligations of. Section 607.0505, Priorida Statutes.  88 Signature hyerd or priorida name of registered agent a |  | Country                       | Zip                 | Country                     | 8. This corporation owes or has paid          | the current year Intangible           |  |
| FRANCISCONO, TRENE 1200 \$1.3111 AVE HOLLYWOOD FL 33018  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Socions 607,0502 and 607,1508, Florida Statutes, the above the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida South change was authorized by the corporation's board of directors. I thereby accept the appointment as registered support in an familier with, and accept the obligations of, Section 607,605. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  120 S. 13TH AVE.  12 NAME  120 S. 13TH AVE.  13. SIREFL ADDRESS  CITY-ST-7P  HOLLYWOOD FL 33018  14. CITY-ST-7P  HOLLYWOOD FL 33018  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change   Addition  17. Change   Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change   Addition  | 24   | 25                            | 29                  | 30                          |   |                                       |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and an accept the objectives. In the State of Floride Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent and an accept the objective of Statutes.  SIGNATURE  12. OFFICERS AND DIRECTIONS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  15. TILL  16. DELETE  17. ITILE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  10. OFFICERS AND DIRECTIONS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  12. OFFICERS AND DIRECTIONS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  14. CITY-ST-2P  11. CITY-ST-2P  11. CITY-ST-2P  11. CITY-ST-2P  12. OFFICERS AND DIRECTIONS IN 12.  13. STREET ADDRESS  14. CITY-ST-2P  14. CITY-ST-2P  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12.  16. Change   Addition   Addition  |  | 9. Name and Address of Currer | nt Registered Agent |                             |   | stered Agent                          |  |
| HOLLYWOOD FL 33018    Ball   City   FL   Bs   Zip Code   | [ FF   | RANCISCONO, TRENE             |                     | 81 Na                       | ne  |                                       |  |
| HOLLYWOOD FL 33018  B4 City FL B5 Zip Code)  11. Pursuant to the provisions of Soctions 697 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 and member with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SUPPLIES OF FLORES AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE DVPS  FRANCISCONO, IRENE  120 S. 13TH AVE.  13. STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33018  122 NAME  122 NAME  122 NAME  122 NAME  122 NAME  122 NAME  1220 S. 13TH AVE.  HOLLYWOOD FL 33018  1220 S. 13TH AVE.  HOLLYWOOD FL 33018  1220 S. 13TH AVE.  13. STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 34016  1200 S. 13TH AVE.  13. STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 34016  1200 S. 13TH AVE.  13. STREET ADDRESS  CITY-ST-ZIP  1THE  10. DELETE  1. TITLE  1 | 12   | 00 S 13TH AVE                 |                     | 82 St                       | et Address (P.O. Box Number is Not Acceptable | a)                                    |  |
| ### City ### Decided 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 agont, 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 agont, and accept the obligations of, Science 607.0505, Florida Statutes.  ### Signature (prior or prior of name or registered agont, 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 agont, and accept the obligations of, Science 67.0505, Florida Statutes.  ### Signature (prior or prior of name or registered agont and lite if appointment as registered agont apprehens agont and prior and lite if appealance.  ### Signature (prior or prior of name or registered agont appealance)  ### DVPS  | HOLLYWOOD FL 33018   |                               |                     |                             |   |                                       |  |
| The Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 and trainities with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, fyread or printed name or registered arginatable. (NOTE Registered Agent signature required when relocating)  DATE  12. OFFICERS AND DIRECTORS  DELETE  13. TITLE  DVPS  OFFICERS AND DIRECTORS IN 12  ITILE  DVPS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DIRECTORS IN 12  ITILE  DIRECTORS IN 12  ITILE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  Addition  AMME  FRANCISCONO, IRENE  1200 S. 13TH AVE.  1200 S. 13TH AV |  |                               |                     |                             |   |                                       |  |
| office or registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of Section 607 (505C, Florida Statutés.)    12  |  |                               |                     | <b>84</b> Ci                |   | FL 85 Zip Code                        |  |
| SIGNATURE     Signature, typoid or printed fagine and little if applicable.   (NOTE Regulated Agent alignature required when reinsatility)   DATE  | 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  |                               |                     |                             |   |                                       |  |
| SIGNATURE  | office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                               |                     |                             |   |                                       |  |
| 12.  | l  |                               |                     |                             |   | ,                                     |  |
| DELETE   | GIGHATOTIC   |                               |                     |                             |   |                                       |  |
| Table   Tabl   |  |                               |                     |                             | ADDITIONS/CHANGES TO OFFICE                   |                                       |  |
| 1200 S. 13TH ÅVE.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   | l  | - · · ·                       | [ DELETE            |                             |   | C Change C Foodilon                   |  |
| CITY-ST-ZIP  | l  | •                             |                     |                             |   | 1                                     |  |
| Tille  | STREET ADDRESS   |                               |                     |                             | SS  |                                       |  |
| FRANCISCONO, IRENE   | · <del></del>  |                               | E DELETE            |                             |   | Change   Addition                     |  |
| 1200 S. 13TH AVE.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     TITLE   |  | 1 '-                          | _ Detter            |                             |   |                                       |  |
| CITY-ST-ZIP  | 1  |                               |                     |                             |   |                                       |  |
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| NAME   |  |                               |                     | -                           |   | Change Addition                       |  |
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| CITY-ST-ZIP  | NAME   |                               |                     | 4                           |   | ŀ                                     |  |
| DELETE   | STREET ADDRESS   |                               |                     |                             | SS  |                                       |  |
| NAME   |  | HOLLTWOOD FL                  | T or ere            | _                           |   | Change Addition                       |  |
| STREET ADDRESS   | Ī  |                               | L_J DELETE          |                             |   | FTI CLISHING FTI VODICION             |  |
| A4 CITY-ST-ZIP   | NAME   |                               |                     |                             | <u>.</u>                                      |                                       |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME  | STREET ADDRESS   |                               |                     |                             | SS  |                                       |  |
| NAME   |  |                               | DELETE              |                             |   | Channe Addition                       |  |
| STREET ADDRESS   |  |                               | ☐ DETER             |                             |   | C Origings C Paradicipits             |  |
| CITY-ST-ZIP  5.4 CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  6.3 STREET ADDRESS   |  |                               |                     |                             | [   | i                                     |  |
| TITLE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS  6.3 STREET ADDRESS   | STREET ADDRESS   |                               |                     |                             | SS  |                                       |  |
| NAME  52 NAME  62 NAME  63 STREET ADDRESS  | ·  |                               |                     | 5.4 CITY-ST-ZIP             |   | Change L Addition                     |  |
| STREET ADDRESS 6.3 STREET ADDRESS  | TITLE  |                               | T BELETC            |                             |   |                                       |  |
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| E ALC TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO |  |                               | DELETE              | 6.2 NAME                    |   | Change Abumun                         |  |
| CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1. It have by certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3Vi). Florida Statutes. I further certify that the information   |  |                               | ☐ DELETE            | 6.2 NAME<br>6.3 STREET ADDI | ss  | Change C. Adoniun                     |  |

indicated on this annual roport or supplied with this ming does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. I further certify that the information indicated on this annual roport or supplemental annual roport 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 changes of on an attainment with an address.

3-6-98

927-7160