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

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP P94000071138 (9)

DIMOS SUBS. INC.

Principal Place of Business Mailing Address 4513 LAKE WORTH ROAD 4513 LAKE WORTH ROAD **GREEN ACRES FL 33463 GREEN ACRES FL 33463** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/26/1994</u> 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 26 65-0523721 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PURCHAM, GUS 440 E SAMPLE RD Street Address (P.O. Box Number is Not Acceptable) SUITE 209 83 POMPANO BEACH FL 33064 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statules, 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ... Change 1.1 TITLE TITLE **CHAROUDIS, DIMOS** 1.2 NAME NAME 7882 ROCK PRT CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE **CHAROUDIS, CHRISTOS** NAMÉ 2.2 NAME 7882 ROCK PORT CIRCLE 2.3 STREET ADDRESS STREET ADORESS LAKE WORTH FL 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY- ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CTTY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

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 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

3/13/08

3/13/08 /647/641-3999

FILED

May 14 1998 8:00am

Secretary of State