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

PROFIT CORPORATION ANNUAL REPORT 1998

Secretary of State DIVISION OF CORPORATIONS

P95000045429 (4)

	DIOOL DOMINI	ON ONLLO, INC	14) TELEFOLI ME TRACE MUNICIPALITY				
Principal Place of Business Mailing Address							- C TERMINES CHE TOTAL CIVIL GENT BELLS DOWN DAVI DIEDS DAVID CHEN STORE SELL SELL SELL				
	11441 NW 48 COURT CORAL SPRINGS FL 3306 US		11441 NW 48 COURT Coral Springs FL 33065 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							06/06/1995				
2.	Principal Place of Busine	55	2a. Mai	2a. Mailing Address			4. FEI Number	Applied For			
21			26	[26]			65-0590709	Not Applicable			
22	Suite, Apt. #, etc.		Suit 27	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State		City	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip 2	Country 5	7(p	30	Country		This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible			
<u></u>	g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DOMINICK, BRUCE						Name					
11441 NW 48 CT CORAL SPRINGS FL 33076					82	2 Street Address (P.O. Box Number is Not Acceptable)					
						33					
					84	City	FL.	85 Zip Code			

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature typed or purified name of regulared agent and title 4 agreeable (NOTE Registered Agent signature required when reinstalling) DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		S IN 12					
TITLE	PSD DELETE	1.1 TITLE		Change	Addition					
NAME	DOMINICK, BRUCE	1.2 NAME								
STREET ADDRESS	11651 ROYAL PALM BLVD., STE. 302	1.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1 4 CITY - ST - ZIP								
TITLE	☐ DELETE	2.1 TITLE		Change	Addition					
NAME		2.2 NAME								
STREET ADDRESS		2.3 STREET ADDRESS								
CITY-ST-ZIP		2 4 CITY-ST-ZIP								
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition					
NAME		3 2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		34. CITY-ST-ZIP								
TETLE	☐ DELETE	4.1 TITLE		Change	Addition					
NAME		4. 2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		44 CITY-ST-ZIP								
TITLE	☐ DELETE	5 1 TITLE		Change	☐ Addition					
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY - ST - ZIP								
TITLE	DELETE	6.1 TITLE		Change	Addition					
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
CITY-ST-ZIP		64 CIFY-ST-ZIP								

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 in 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 on an attachment with an address.

FILED

Apr 30 1998 8:00am

Secretary of State