

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P95000054062 (1)

1. Corporation Name
ULTIMO, INC.

Principal Place of Business

4000 HOLLYWOOD BLVD
STE 417 SO
HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD
STE 417 SO
HOLLYWOOD FL 33021-6755

2. Principal Place of Business

21 4000 Hollywood Blvd.

22 Suite, Apt. #, etc.
Ste. 485 So.

City & State

23 Hollywood, FL 33021

Zip

24 33021

Country

25 USA

2a. Mailing Address

26 4000 Hollywood Blvd.

27 Suite, Apt. #, etc.
Ste. 485 So.

City & State

28 Hollywood, FL 33021

Zip

29 33021

Country

30 USA

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

10/10/1996

4. FEI Number

65-0682256

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No *part of a consolidated filing*

9. Name and Address of Current Registered Agent

COHEN, MARK D
4000 HOLLYWOOD BLVD
STE 417 SO
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
Cohen, Mark D.
82 Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.
83 Ste. 485 So.
84 City
Hollywood FL 85 Zip Code
33021

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. This 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
D COHEN, MARK D
STREET ADDRESS
4000 HOLLYWOOD BLVD., STE. 417 SO.
CITY-ST-ZIP
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
D Cohen, Mark D.
1.3 STREET ADDRESS
4000 Hollywood Blvd., Ste. 485 So.
1.4 CITY-ST-ZIP
Hollywood, FL 33021

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 holder 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 amendment with an address.

SIGNATURE

CR2E034 (9/96)