## 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

	<del></del>				
	MENT # P9500 ADITIONS, INC.	0064512 (3	3)		
Principal Plac	e of Business	Mailing Address		- TOURING AND THE FOLD IN THE POLICE OF THE PROPERTY OF THE PR	III
		1901 NORTH ANDREW	VS AVENUE		
1901 NORTH ANDREWS AVENUE #220		#220			
	DALE FL 33311	FT. LAUDERDALE FL	33311	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/21/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied	For
21		26		65-0613237 Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition	
22		27		Fee Required	
City & Stat	.e	City & State		6. Election Campaign Financing \$5.00 May E	
Zip	Country	Zip	Country	Trust Fund Contribution	
	25	<del></del>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No.	ie
24	9. Name and Address of Currer	29 Agent	[30]	10. Name and Address of New Registered Agent	
DA	CITTI, DONNA J	g	81 Name		
	01 NORTH ANDREWS AVENUE				
#2			82 Street	Address (P.O. Box Number is Not Acceptable)	
	. LAUDERDALE FL 33311		83		
	. BYODENDALE ( E OOO) (				
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Sta	tutes, the above-named	) <b>-</b>	stered
office or r	egistered agent, or both, in the State	of Florida, Such change wa	as authorized by the cor	d corporation submits this statement for the purpose of changing its regist rporation's board of directors. I hereby accept the appointment as registe	ered
	in rannal with and accept the oblig	ations of section oor soos,	rionda Statates.		
SIGNATURE	Signature, typed or printed name of registered age	ent and tele if applicable (N	NOTE Registered Agent signature	re required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	☐ DELETË	1.1 TITLE	☐ Change ☐ A	Addition
NAME	PACITTI, DONNA J		1.2 NAME		
STREET ADDRESS	1901 NORTH ANDREWS AVE	. #220	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ A	Addition
NAME	PACITTI, JOANNE M		2.2 NAME		
STREET ADDRESS	1901 NORTH ANDREWS AVE	. #220	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change [] A	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		T priese	3.4. CITY-ST-ZIP		4.422
TITLE		☐ DELETE	4.1 TITLE	L Change L A	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELE <b>TE</b>	4.4 CITY-ST-ZIP	☐ Change ☐ A	Addition
TITLE		□ perei€	5.1 TITLE	Creating C. A.	workton
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change A	Addition
NAME		pecell	6.2 NAME	Solarige C. A	
STREET ADDRESS			6.3 STREET ADDRESS		
DIMPEL MODULOS			DIO OFFICET MUUNESS	1	

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.

6.4 CITY-ST-ZIP

**FILED** 

Mar 03 1998 8:00am

Secretary of State