

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

APPROVED
AND
FILED

98 MAY 11 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079459 (0)

1. Corporation Name

SCREEN DOCTOR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

157 S. HAMPTON DRIVE
JUPITER FL 33458

157 S. HAMPTON DRIVE
JUPITER FL 33458

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

Country

DALBERRI, LOUISA
157 SOUTH HAMPTON DR.
JUPITER FL 33458

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. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DALBERRI, LOUISA
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE V ☐ DELETE

NAME DALBERRI, RIC
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE V ☐ DELETE

NAME DALBERRI, GREGORY F
STREET ADDRESS 601 LAKEWOOD DRIVE, APT 13C
CITY-ST-ZIP JUPITER FL 33458

TITLE ST ☐ DELETE

NAME DALBERRI, RACHEL L
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE V ☐ DELETE

NAME DALBERRI, BENJAMIN R
STREET ADDRESS 157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

Louisa Dalberri, Louisa Dalberri 4/29/98 561-747-1229

CR2E034 (10/97)