FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCU 1. Corporation | MENT # P950 | 000087828 | (6) | | |
|---|--|--|---|---|---|
| DAH | ILL, INC. | | | i 1841/881 (4P 48184 S161 S161 S161 S | 111 4 511 4 511 4 511 |
| Principal Placi | o of Business | | | | |
| | | Mailing Address | | a indiileri sin, ibibli biist Britt \$1 | issi masin masal 1815 18687 1816 (1885 1816 (1885 |
| 2583 NW 61 AVE 2583 NW 61 AVE MARGATE FL 33063 MARGATE FL 33063 | | | • | | |
| 2 Principal Di | too of During | | | Date Incorporated or Qualified 11/16/1995 | 3a. Date of Last Report |
| 2. Principal F1 | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | Not Applicable |
| 22 | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | Fee Required \$5.00 May Be |
| Zip ' | Country | 28 Zip | Country | Trust Fund Contribution | Added to Fees |
| 24 | 25 | 29 | 30 | This corporation has liability for it Florida Statutes Yes | ntangible tax under s 199.032, |
| | g. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Ri | |
| 4 JM 4 - 4 | TCC-0. | | 81 Name | | <u> </u> |
| HILL, TERESA 2583 NW 61 AVE | | | 82 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | ATE FL 33063 | | 83 | | |
| | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| Pursuant to or registere | o the provisions of Sections 607.05 and agent, or both, in the State of Fig. | 02 and 607.1508, Florida Statut | es, the above-named corpo | pration submits this statement for the purp and of directors. I hereby accept the appo | |
| SIGNATURE _ | n, and accept the obligations of, Se | oction 607.0505, Florida Statutes | eo by the corporation's boa i. | ard or directors. I hereby accept the appo | intment as registered agent. I am |
| 12. | Signature, typed or printed name of registered agr | ont and title if applicable. (NC ND DIRECTORS | TE Registered Agent signature require | | DATE |
| TITLE | D | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | |
| NAME | HILL, TERESA | | 1.2 NAME | · | Change Addition |
| STREET ADDRESS | 2583 NW 61 AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MARGATE FL 33063 | | 1.4 CITY-S1-ZIP | | |
| TITLE | D | ☐ DELETE | 2. 1 TITLE | | Change Addition |
| NAME CTUCLE LIBERTOR | HILL, DAVID | | 2 2 NAME | | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP | 2583 NW 61 AVE MARGATE FL 33063 | | 2 3 STREET ADDRESS | | |
| TITLE | MANOATE PL 33003 | DELETE | 2 4 CITY - ST - ZIP | | |
| NAME | | C) Milli | 3. 1 TITLE 3.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 3.3. STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS DITY-ST-ZIP | | | 4.3 STREET ADDRESS | | |
| IITLE | | DELETE | 4.4 CITY - ST - ZIP | | <u> </u> |
| IAME | | | 5. 1 TITLE 5.2 NAME | 50000180 -05/03/960101 | 609 Bange Addition |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | -U5/U3/96 - -0101 | 4033 |
| CITY-S1-ZIP | | | 5.4 CITY - ST - ZIP | ***200.00 | |
| TITLE | | DELETE | 6 1 TITLE | | Change Addition |
| IAME | | | 6.2 NAME | | L Shariff L Modeloff |
| THEFT ADDRESS | | | 6.3 STREET ADDRESS | | 162 |
| ITY-SI-ZIP | certify that the information as == "==" | with this file | 64 CITY-ST-ZIP | | ן "י |
| certify that the cath: that La | he information indicated on this annual an officer or director of the core | with this hing is voluntarily furnisual report or supplemental annu- | sned and does not qualify for all report is true and accurat | or the exemption stated in Section 119.07 le and that my signature shall have the sa | (3)(k), Florida Statutes, I further me legal effect as if made under |

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 5