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

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000007269 (9)

DAWN ENDEAVORS, INC.

Principal Place of Business Mailing Address 5255 N. FEDERAL HIGHWAY 5255 N. FEDERAL HIGHWAY SECOND FLOOR SECOND FLOOR DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** BOCA RATON FL 33487 3. Date Incorporated or Qualified 01/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0647593 Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired 22 City & State City & State 23 28 Zip Country C

9. Name and Address of Current Registered Agent PARK, GERALD E 5255 N. FEDERAL HIGHWAY SECOND FLOOR **BOCA RATON FL 33487**

25

		Fee Required
		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
ountry		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No
_	I	10. Name and Address of New Registered Agent
	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	В3	
	84	City 85 Zip Code

FILED

May 04 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.05.02 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 Lorida. 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.

30

SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typoid or pointed traine of registered agent and little if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PARK, GERALD E NAME 1.2 NAME STREET ADDRESS **5255 N. FEDERAL HIGHWAY** 1.3 STREET ADDRESS CITY-ST-ZIP <u>Bo</u>ca raton FL 33487 1.4 CITY - ST- ZIP DELETE TITLE Change ___ Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplient 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 of the exemption of the corporation of the exemption in the exemption of the exem Block 12 or Block 13 if changed, or of

Applied For

\$8.75 Additional

Not Applicable