

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

FILED

98 NOV -4 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PUNCH INC
P96000011553

Principal Place of Business

Mailing Address

PUNCH INC
2701 N OCEAN BLVD #301E
BOCA RATON FL 33431

PUNCH INC
2701 N OCEAN BLVD #301 E
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

FEBRUARY 02 1996

4. FEI Number

65 0638761

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. PUNCH INC

26. SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 2701 N OCEAN BLVD #301 E

27. City & State

23. BOCA RATON FL 33431

28. City & State

24. Zip

Country

29. Zip

Country

33431

USA

30. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEFANI A DE LAVILLE
2701 N OCEAN BLVD #301 E
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 607.0509, Florida Statutes.

SIGNATURE

Stefani A. De Laville, Pres.

11/2/98

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEFANI DE LAVILLE
2701 N OCEAN BLVD #301E
BOCA RATON FL 33431
PRESIDENT

☐ DELETE

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
700002685987--9
-11/12/98--01075--019
****558.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SERGE N DE LAVILLE
2701 N OCEAN BLVD #301E
BOCA RATON FL 33431
VICE PRES.

☐ DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

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:

Stefani A. De Laville

STEFANI A DE LAVILLE

09/24/98

561 498 0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)



**Matteis &
Christopher, P.A.**
Certified Public Accountants

29 S.E. 5th Street
Boca Raton, Florida 33432
Broward (954) 428-9917
Palm Beach (561) 241-4444
Fax (561) 241-4447

November 03, 1998

Florida Department of State
Division of Corporations
Attn: Tyrone Scott
P.O. Box 6327
Tallahassee, FL 32314

2

Re: Punch, Inc. Annual Report

Dear Mr. Scott,

Thank you so much for your willingness to help us insure that our Corporate Annual Report is filed. As you will see from the record, we have attempted to file two times and have had the report returned to us for additional information. We are, once again, sending it to your attention and are confident that all requirements have been met.

We appreciate your extra effort in ensuring that the corporation is not faced with an administrative revocation.

Best Regards,

Stefani De Laville
President