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

DOCUMENT # P96000012361 (7)

IT'S THAT TIME, INC.

FILED May 19 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | a ingelott iff inten alter anbit batte n | Diri Burne eiffil einen bilen Attibi eifer enti |
|---|--|---|--|---|---|
| 9712 LEWIS ROAD 9712 LEWIS ROAD THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 | | | | DO NOT WRIT | E IN THIS SPACE |
| | | | | Date Incorporated or Qualified 02/08/1996 | |
| 21 102: | ace of Business 24 M. 3074 St. | | wis Rd | 4. FEI Number 59-3360229 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | Country | 28 770410705 | 2559 F./. Country // 1 | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 336 | | 14, 29 53592 30 nt Registered Agent | 14/156. | 8, This corporation owes or has p Personal Property Tax due Jun 10, Name and Address of New R | e 30. Yes Avo |
| THE | | | 81 Name | 1 | |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE | | | | 82 Street Address (P.O. Box Murroy is Not Acceptable) | |
| CORAL GABLES FL 33134 | | | 52 Street Address (F.O. Box address is Not/Acceptatie) | | |
| | | | 83 | | |
| l | | | 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 607.0505, Florida Statutes. | | | | | |
| SIGNATURE Signature typed or printed more of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating) DATE On the printed agent and title if applicable (NOT). Registered Agent signature required when reinstating) | | | | | |
| 12. | | · | 13. | ADDITIONS/CHANGES TO OFF | |
| TITLE | PSTD | [_] DELETE | 1.1 TITLE | | Change Addition |
| NAME | HICKS, FRED JR. | | 1.2 NAME | | 13 |
| STREET ADDRESS | 9712 LEWIS ROAD | | 1.3 STREET ADDRESS | | l (|
| CITY-ST-ZIP | THONOTOSASSA FL 33592 | | 1.4 City-St-ZiP | | |
| TITLE | | | 2.1 TITLE | | Change Addition |
| NAME OZDECT ADDOCCO | | 4 | 2.2 NAME | | \ |
| STREET ADDRESS | | | 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP | | |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | | Change Addition |
| NAME | | - | 3.2 NAME | | |
| STREET ADDRESS | | 1 | 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 | | 1 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-S1-ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | <u> </u> | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 City - St - ZiP | | District Property of the Control of |
| TITLE | | | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ertify that the information constitutes | | 6.4 CITY-ST-ZIP | Section 119.07(3)(i), Florida Statutes. | I further certify that the information |
| indicated | orary mat the antomation Supplied V on this goodal roport or emplorated | various ming cioes not quality for the | overnbuou stated III | section 119.07(3)(1), Florida Statutes, | if made under eath; that I am as |

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 trusted 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.