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 # P96000029040 (8)

NO BLOW BEACH TOWELS OF FLORIDA, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address					I idaniaan ind idite dirit abiit saur bairt afrit tidie istu bailt datit abit				
2108 NE 64TH STREET FORT LAUDEROALE FL 33308				2108 NE 64TH STREET FORT LAUDERDALE FL									
US									DO NOT WRITE IN THIS SPACE				
									 Date Incorporated or Qualified 03/28/1996 	j 			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For	
21				26					NOT APPLICABLE			Not Applicable	
Suite, Apt. #, etc			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing		\$5.0	O May Be	
23			28	28					Trust Fund Contribution		Added to Fees		
Z ip				Zip Cou			ountry		8. This corporation owes or has	paid the curre	nt year	Intangible	
24		25	29		30				Personal Property Tax due Jur	ne 30. 🔲	Yes	□ No	
g, Name and Address of Current			rent Regis	Registered Agent					10. Name and Address of New I	Registered A	gent		
KE	NT, NORM	AN E ESQ.				81	Na	ame					
800 E. BROWARD BLVD. STE 310						82 Street Address (P.O. Box Number is Not Acceptable)				abla\			
FORT LAUDERDALE FL				ļ			۱ ۵٬	IBBL AGGIB	ss (P.O. Box Number is Not Accept	aule)			
1						83	1						
ļ											, .	<u></u>	
						84	Ci	ty		FL	85 Z	ip Code	
11. Pursuant	to the provis	ions of Sections 607.0	502 and 6	07.1508, Florida Stat	utes, the	above	e-na v the	med corpo	eration submits this statement for the	nurnose of o	hangin Intment	g 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 proted name of requirered agent and title d applicable. (NOTE Registered								natura required	d when reinstating)	DATE			
12.		OFFICERS A	ND DIREC	CTORS	13	3.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12	
TITLE	PTD			☐ DELETE	11	TITLE				Ĭ	Chang	e Addition	
NAME BROWN, JEFF L				- 1.2 N									
STREET ADDRESS 2108 NE 64TH STREET				1.3 S			1.3 STREET ADDRESS					i	
CITY-ST-ZIP FORT LAUDERDALE FL							1.4 CITY - ST - ZIP					}	
TITLE	VSD			☐ DELETE		TITLE		_			Chang	e Addition	
NAME	Burke.	ROBERT JR.			2.2	NAME							
STREET ADDRESS		DINCIANA ROAD					2.3 STREET ADDRESS						
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 3				10000			2 4 CITY-ST-ZIP						
TITLE				DELETE		TITLE					Chang	e Addition	
NAME						NAME		1			-		
STREET ADDRESS						STREET	ADDF	ness					
CITY-ST-ZIP						CITY-5		l l				ļ	
TITLE				DELETE		TITLE	~ LII			Т	Chang	e Addition	
NAME						NAME		ļ		•			
STREET ADDRESS						STREET	ADDE	3E 9S				ļ	
CITY-ST-ZIP						CITY-S							
TITLE				DELETE		TITLE	11- £1F				Chang	e Addition	
NAME						NAME				•			
							ADD	100				ļ	
STREET ADDRESS						STREET		1				İ	
CITY-ST-ZIP TITLE				DELETE	_	CITY-S	- 7IP	<u></u>		т	Chang	e Addition	
				☐ DELETE						L		E LINOURIUM	
NAME	:					NAME							
STREET ADDRESS						STREET							
CITY-ST-ZIP			·		6.4	CITY-S	T-ZIP						

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 supplimental 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:

954 938-1133