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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000031157 (6)

OPENING DAY, INCORPORATED

## **FILED** Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 36 h 11 n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1487 E1661    IBB  B	
861 WASHINGTON AVE 515 W. 28TH STREET			• •					
MIAMI BEACH FL 33139 MIAMI BEACH FL 331 US US						DO NOT WRITE IN THIS SPACE		
""		50				3. Date Incorporated or Qualified		
						04/04/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21	Same	26				65-0669883	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22 27						or commone of change becomes	Fee R	equired
City & State						6. Election Campaign Financing		May Be
23	- L Country	28	Tie County			Trust Fund Contribution		to Fees
Zip				Country		8. This corporation owes or has paid the cu		
24	9. Name and Address of Curre	29 Agent	30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		
		nic negistered Agent		31	Name	10. Name and Address of New Registered	Agent	
1	MERON, KEN							
1	5 W. 28TH STREET AMI BEACH FL 33140		82 Street Ac		Street Addre	ss (P.O. Box Number is Not Acceptable)		
		1	33					
			Ε	34	City		<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes					named corpo	FI pration submits this statement for the purpose of		its registered
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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								registered
SIGNATURE						11	3 98	∋,
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					t signature required	d when reinstating) . DATE	<u> </u>	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITL		l		L Change	Addition
NAME	CAMERON, KEN		1.2 NAME					
STREET ADDRESS	MANG DESCRIPTION		1.3 STRI	EET A	DDRESS			
CITY-ST-ZIP	MAIMI BEACH FL		1.4 CITY		ZIP			
TITLE	V	DELETE	21 1111				Change	☐ Addition
NAME	CAMERON, MICHELLE		2.2 NAM					
STREET ADDRESS	515 W. 28TH STREET		2.3 STRE		- 1	<u>:</u>		
CITY-ST-ZIP	MIAMI BEACH FL	The series	2.4 CIT		- ZiP	<u> </u>	TT 01	[ ] A 100
TITLE			3.1 TITL				Change	Addition
NAME			3.2 NAM					
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CITY-ST-ZIP			3.4. C/T		- ZIP			
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STREET ADDRESS			5.3 STREET					ŀ
CITY-ST-ZIP		□ DELCTE	5.4 CITY - 5		ZIP		T 0	Approxi-
TITLE		☐ DELETE	6.1 TITLE				LL Change	☐ Addition
NAME			6.2 NAM					
				6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-	ZIP I			

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 of 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 of 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: