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PROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATI IDE. X



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041280 (4)

DREAMS UNLIMITED, INC.

FILED Feb 02 1998 8:00am Secretary of State



1/28/98

R2E034 (10/97

Principal Place of Business Mailing Address #142, 1404 N. STATE RD. 7 #142, 1404 N. STATE RD. 7 MARGATE FL 33083 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6273 W Sample Ro 6273 W Sample Ro 65-0676482 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 8. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 25 Broward 29 3.306 9. Name and Address of Current Registered Agent 30 BROWARD Personal Property Tax due June 30. X Yes ☐ No 10. Name and Address of New Registered Agent Name GRAFFEO, JOHN **1404 N STATE RD 7** 82 Street Address (P.O. Box Number is Not Acceptable) #142 83 MARGATE FL 33063 84 City 85 Zip Code 11. Pursuant to the provisions of Section's 807.0502 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 Statevor 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 __ DELETE Change Addition TITLE NAME GRAFFEO. JOHN 1.2 NAME #142, 1404 N. STATE RD. 7 STREET ADDRESS 1.3 STHEET ADDRESS MARGATE FL 33063 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITE 2.1 TID F MICHAUD, DEBRA NAME 2.2 NAME #142, 1404 N. STATE RD. 7 STREET ADDRESS 2 3 STREET ADDRESS MARGATE FL 33063 CITY-\$T-ZIP 2 4 CHY-S1-ZIP DELETE TITLE 3 1 TITLE Change Addition 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C/TY - ST - 7/P DELETE Change Addition 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 1)TLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby cetify that the information supplied with this filling 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 flustee 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.