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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000043877 (5)

FILED Jan 21 1998 8:00am Secretary of State

JIVIO DI	ESIGN, INC.					1 3 MARKANI 1138 SHITR HARRE NA 111 MARKI ANDRIA MARKI 37341 (NIKI 1897) ANDRI ANDRI
Principal Plac	e of Business	Mailing Ad	Mailing Address			4 MANITORS SIN HARIS ONLY DRIVE REAST ENTER DEBRE TITUS SOURS SOURCE LOSS SOCI
			SEABREEZE AVENUE			
SUITE #304 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					DO NOT WRITE IN THIS SPACE	
DECIMAL DEA	01112 00400	000,000	DENOTITE 00-100			3. Date Incorporated or Qualified
						05/16/1996
<u> </u>	Place of Business	·	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt. #, etc.		26 Suite	Suite, Apt. #, etc.			65-0669046 Not Applicable
22		<u> </u>	27			5. Certificate of Status Desired See Required Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution
Zip	Country	Zip].	Country	f	8. This corporation owes or has paid the current year intangible
24	25	29		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Hegistered A	gent	81	Name	10. Name and Address of New Registered Agent
1	PULA, MICHAEL E			Ů.	148116	
1670 NW 61 AVE MARGATE FL 33063				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
MA	HUATE FL 33003			83		
				84	City	p. 85 Zip Code
						FL "
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.						
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if anolicab	a (NOTE	Penislared And	ant pignature rec	guired when reinstating) DATE
12.		D DIRECTORS	. , ,,,,,,	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1,1 TITLE		Change Addition
NAME	SIPULA, MICHAEL E			1.2 NAME		
STREET ADDRESS	16106 75TH AVENUE NORTH	1		1.3 STREET	ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	33418		1.4 CITY - S	T-ZIP	
TITLE	VTD		■ DELETE	2.1 TITLE		Change Addition
NAME	SMITH, JEFFREY J			2.2 NAME		
STREET ADDRESS	1670 NW 61 AVE			2.3 STREET	ADDRESS	
CITY - ST - ZIP	MARGATE FL 33063			2. 4 CITY-	ST-ZIP	
TITLE			DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP	1. MW3-12-07-3: YEL-		DELETE	3.4. CITY - 5	ST-ZIP	Change Addition
TITLE			LT DELETE	4.1 TITLE		Criange Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP			DELETE	4.4 CITY - S	T-ZIP	☐ Change ☐ Addition
TRILE		1	DELETE	5.1 TITLE		C Grange E Adunion
NAME				5.2 NAME	4000000	
STREET ADDRESS				5 3 STREET		
CITY - ST - ZIP			DELETE	5.4 CITY - S 6.1 TITLE	1-715	Change Addition
TITLE		•		6.2 NAME	1	Onlinge Addition
NAME OTREET ADDRESS				1	ADDOCCO	
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP				6.4 CITY - S	1-411	

I hereby certify 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 suppliemental anguest-eport 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.