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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600050133

1. Corporation Name

DREMIERE FOLLITIES INC

Principal Place of Busines
9940 NW 5TH CT
9940 NW 5TH CT PLANTATION FL 33324

## Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90060 046 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		I (BACEBA) sen carre ness mante a		111500 1111 1000
9940 NW 5TH C	भ	9940 NW 5TH CT				a a
PLANTATION FL		PLANTATION FL 33324			=	
US		US		DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed		ļ
	<u></u>			06/12/1996		
	ace of Business	2a. Mailing Address	//	4. FEI Number	<del></del>	oplied For
21 6273	8 N Fed HWY	26 6278 N FO	ed Huy	65-0672984		ot Applicable
Suite, Apt.	#, etc.   <b>385</b>	Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	· ·	Additional equired
City & State		City & State	Jala A	6. Election Campaign Financing Trust Fund Contribution	,	May Be to Fees
23 <i>T+</i> 4	Country	Zip Zip	Country .	8. This corporation owes the current	_	
333		29 33308 30	Ú5A	Personal Property Tax.	Yes	TENO.
24 330	9. Name and Address of Curren	11		10: Name and Address of New Reg	istered Agent	C
			81 Name <	stacker H /ach	^	
LARK	(in, stephen h		82 Street Addr	ess (P.O. Box Number is Not Acceptable		
9940	NW 5TH ST		Street Addition		1	
PLAN	NTATION FL 33324		83 77	385		
			<b>4</b>	300	ge Zio	Code,
		^	84 City	+ Caucherdale	- FL     33	308
44 Pursuant	to the provisions of Sections 607.050	2 and 607.1508 Florida Statutes.	, the above-named corp	oration submits this statement for the puon's board of directors. I hereby accept t	rpose of changing its	registered
office or re	egistered agent, or both, in the State	of lorida. Such change was auti	norized by the corporation	on's board of directors. I hereby accept t	he appointment as re	egistered
	m tamiliar with, and accept the obliga		a Statutes.	17 . )		
Į			Stanfan	H (act)	1/14/99	1
agent. 1 ai SIGNATURE	V pt	Abytolic	Stephen egistered Agent signature requires	A. Carkin	///*/99 DATE	
SIGNATURE	Signature, typed or printed name of register d ager	ALUXAL.	Stephen	A. Carkin	DATE	
Į	Signature, typed or printed name of register d ager	nt and file if applicable. (NOTE: Re	Stephen egistered Agent signature require	th, Carkw	DATE	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and file if application. (NOTE: Re	Stephen egistered Agent signature required 13.	th, Carew	DATE CERS AND DIRECTO	ORS IN 12
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14. I hereby certify that the information supplied with this filing does pet 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 frue 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 automorph with an abdress with all other like empowered.

SIGNATURE: