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PROFIT CORPORATION **ANNUAL REPORT**

1997

24

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059724 (0)

Country

9. Name and Address of Current Registered Agent

25

BOLANOS. RONNETTE

SUNRISE FL 33323

3712 NW 122ND TERRACE

A DAY TO REMEMBER, INC.

Principal Place of Business Mailing Address 3712 NW 122ND TERRACE 3712 NW 122ND TERRACE **SUNRISE FL 33323** SUNRISE FL 33323-3319 3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23

84 Zip Code 11. Pursuant to the pro

Country

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Name

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of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or both, in the State of Torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered not accept the acceptance of t office or register agent. I am fam **SIGNATURE** of registered agent and title if applical 12. FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 THE NAME BO/4N05 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ TITLE 2.1 TILLE Change Addition NAME 2.2 NAME WIZZ TERR STREET ADDRES 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(1Y-\$1-Z(P DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change ☐ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 111LE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do 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 port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name poration or the goeiver or tryptee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

64 CITY-ST-ZIP

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation has liability for intangible tax under s. 199.032, X, Yes

10. Name and Address of New Registered Agent

FILED

May 06 1997 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

96/6)