

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000090840 (5) 1. Corporation Name DEI SORELLEI, INC.			
Principal Place of Business 15912 WEST STATE ROAD 84 SUNRISE FL 33325		Mailing Address 15912 WEST STATE ROAD 84 SUNRISE FL 33325	
2. Principal Place of Business 21 15912 W ST RD 84 Suite, Apt. #, etc. 22 City & State 23 SUNRISE FL 33326 Zip 24 33326 Country 25 BROWARD		2a. Mailing Address 26 15912 W ST RD 84 Suite, Apt. #, etc. 27 City & State 28 SUNRISE, FL Zip 29 33326 Country 30 BROWARD	
9. Name and Address of Current Registered Agent GARVEY, JANICE D 15912 WEST STATE ROAD 84 SUNRISE FL 33325		10. Name and Address of New Registered Agent 81 Name DONNA COOPER 82 Street Address (P.O. Box Number is Not Acceptable) 15912 WEST ST RD 84 83 84 City SUNRISE FL 85 Zip Code 33326	
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. SIGNATURE <u>Donna Cooper</u> DATE <u>April 23 1998</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOT: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE PS NAME COOPER, DONNA STREET ADDRESS 15912 WEST STATE ROAD 84 CITY-ST-ZIP SUNRISE FL 33325 TITLE VP NAME GARVEY, JANICE STREET ADDRESS 15912 WEST STATE ROAD 84 CITY-ST-ZIP SUNRISE FL 33325 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/05/1996

4. FEI Number  
65-0768367  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name DONNA COOPER  
82 Street Address (P.O. Box Number is Not Acceptable)  
15912 WEST ST RD 84  
83  
84 City SUNRISE FL 85 Zip Code 33326

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.

SIGNATURE Donna Cooper DATE April 23 1998  
Signature, typed or printed name of registered agent and, if applicable, (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	COOPER, DONNA	1.2 NAME	
STREET ADDRESS	15912 WEST STATE ROAD 84	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	GARVEY, JANICE	2.2 NAME	
STREET ADDRESS	15912 WEST STATE ROAD 84	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33325	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 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: Donna Cooper DATE: April 23 1998

CR2E034 (10/97)