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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P9700000721 (5)

BRIDALSUITE NET, INC.

**FILED** Mar 13 1998 8:00am Secretary of State



Original Disc	4 D			
	ce of Business	Mailing Address		
9725 SW 64TH STREET 9725 SW 64TH STREET				
MIAMI FL 33	3173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				01/03/1997
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number
21		26 P. O. BOX 831892		65-0728190   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR 75 Additional
22		27		5. Certificate of Status Desired Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28 MiAMI, FL	ORIDA	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8 This corporation awas or has paid the current was Intendible
24	25	29 73283-1892	₩Y?	Personal Property Tax due June 30.  Yes No
	9. Name and Address of Currer			10. Name and Address of New Registered Agent
S	QUILLANCE) JOHN		SQUILLANTE, JOHN	
2852 SW 37TH COURT			62 Street A	
MIAMI FL 33134			BZ STEEL F	Address (P.O. Box Number is Not Acceptable)
MIDANI FL 90194			83	20020
			84 City	MIAMI FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	the above-named	corporation submits this statement for the purpose of changing its registered
office or	registered agont, or both, in the State	of Florida, Such change was au	thorized by the corp	corporation submits this statement for the purpose of changing its registered to the corporation's board of directors. I hereby accept the appointment as registered
	am ramiliar with Jano accommit cibilg	ations of Section 607.0505, Flori	ida Statutes.	× 3/9/98
SIGNATURE	Signature Wood or printed name of regularity age	ent and title if applicable (NOTE:	Registered Agent signature	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Channe Addition
NAME	SQUILLANCE, JOHN		1.2 NAME	SQUILLANTE, JOHN
STREET ADDRESS	2852 SW 37TH COURT		1.3 STREET ADDRESS	2852 SW 37 CT
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY+ST+ZIP	Mlaui, FU 33134
TITLE	VD C	DELETE	2.1 TITLE	V ▶ □ Change □ Addition
NAME	SQUILLANCE, JASON		2.2 NAME	SQUILLANTE, JASON
STREET ADDRESS	9725 SW-64TH STREET		2.3 STREET ADDRESS	9725 SW 64 ST
	MIAMI FL 33173		1	MIAMI , PU 33173
CITY-ST-ZIP TITLE	STD 6	DELETE	2.4 CITY - \$T - ZIP 3.1 TITLE	
NAME	SQUILLANCE MARK			— · —
	9725 SW 64TH STREET		3.2 NAME	SQUILLANTE, MARK
STREET ADDRESS			3.3 STREET ADDRESS	9725 SW 64 ST
CITY-ST-ZIP	MIAMI FL 33173	T DELETE	3.4. CITY-ST-ZIP	MIAMI, PLA 33173
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME	i		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	}
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME	İ		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME	I			
	1		6.2 NAME	l l
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	

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 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 coroliver or trustee ompowered 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 og an attachment with an address.