

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

FILED  
Apr 01 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 # P97000013424 (1)

1. Corporation Name  
BUPKISS, INC.



Principal Place of Business

Mailing Address

3305 N.W. 79TH WAY  
DAVE FL 33024

2269 SOUTH UNIVERSITY DR.  
SUITE 134  
DAVE FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5149 MAGELLAN WAY EAST

Suite, Apt. #, etc.

22 DELRAY BEACH FLORIDA

City & State

23

Zip

24 33484

Country

25 PALM BEACH

2a. Mailing Address

26 ~~2269 SOUTH UNIVERSITY DR.~~ ← SAME

Suite, Apt. #, etc.

27 5149 MAGELLAN WAY EAST

City & State

28 DELRAY BEACH FLORIDA

Zip

29 33484

Country

30 PALM BEACH

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

66-0736438

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

GEST, ALAN B ESQ.  
20801 BISCAYNE BLVD., SUITE 508  
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name DASSA, GLORIA

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

5149 MAGELLAN WAY EAST

83 DELRAY BEACH

84 City

FL

85 Zip Code

33484

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

Gloria Dassa

GLORIA DASSA President

DATE

3/26/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME DASSA, GLORIA  
STREET ADDRESS 3305 N.W. 79TH WAY  
CITY-ST-ZIP DAVE FL 33024

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
NAME DASSA, GLORIA  
STREET ADDRESS 5149 MAGELLAN WAY EAST  
CITY-ST-ZIP DELRAY BEACH FLORIDA 33484

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

Gloria Dassa GLORIA DASSA

3/4/98 (561)637-1774

CR2E034 (10/97)