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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015910 (7)

DEERFIELD BEACH TATTOO, INC.

Principal Place of Business Mailing Address 2207 HILLSBORO BLVD. 2207 HILLSBORO BLVD. **UNIT 29 UNIT 29** DO NOT WRITE IN THIS SPACE **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 02/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 0736499 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PULERI. THOMAS 2207 HILLSBORO BLVD. Street Address (P.O. Box Number is Not Acceptable) **UNIT 29** 83 **DEERFIELD BEACH FL 33442** Zip Code 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. wood or printed name of registered agent and title of applicability (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELFTE Change Addition D 1.1 TITLE NAME **PULERI, THOMAS** 1.2 NAME 2207 HILLSBORO BLVD. STREET ADDRESS 13 STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP DELETE TITLE Charige Addition 2.1 DTLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE TITLE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREE LADDRESS CITY-ST-ZIP 3.4 CH1Y+S1-2IP DELETE TITLE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE TITI F 5.1 THUE Add-tion 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 trusted 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. 964. 41991.07

FILED

Jan 15 1998 8:00am

Secretary of State