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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

P97000017134 (2)

FILED Mar 18 1998 8:00am Secretary of State

OK DILLIGAF, INC. Principal Place of Business Mailing Address 420 N.E. 45TH COURT 420 N.E. 45TH COURT FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 26 Not Applicable 21 Suite. Apt #. etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DUNAWAY, TIM 81 **420 N.E. 45TH COURT** 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33334 83 84 Zip Code 11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typad or printed name of registered agent and tile it applicable INOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE DUNAWAY, TIM NAME 1.2 NAME **420 N.E. 45TH COURT** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33334 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **DUNAWAY, PATTY** 2.2 NAME NAME 420 N.E. 45TH COURT STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33334 CITY - ST - ZIP 2 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 of 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 on an attackment with a didress.

SIGNATURE:

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SIGNATURE:

3-11-98 954-772-9489