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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000017784 (4)

AMERICAN NET & SLING SUPPLY CORPORATION

FILED May 15 1998 8:00am Secretary of State



| | | | 1 | | |
|--|--|---|----------------------------|-----------------|--|
| Principal Place | of Business | Mailing Address | | | 4 1001/1001 110 101/1 100/1 001/1 001/1 001/1 001/1 001/1 101/1 100/1 100/1 100/1 100/1 100/1 100/1 100/1 100/ |
| 7821 NW 72N | D AVE. | 7821 NW 72ND AVE. | | | |
| MEDLEY FL 33168 | | MEDLEY FL 33166 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified |
| | | | | | 02/21/1997 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 65-0756554 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | Country | 28 | Country | | Trust Fund Contribution Added to Fees |
| Zip | Country 25 | h1 | 30 | ′ | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No |
| 24 | 9. Name and Address of Current | 29 Registered Agent | 30] | | 10. Name and Address of New Registered Agent |
| CARABALLO, JUANA 81 Name | | | | | |
| 133 POMPANO BEACH BLVD. APT 301 | | | | | Address (DO Ossellando) |
| | MPANO BEACH FL 33062 | 001 | 82 Stre | | Address (P.O. Box Number is Not Acceptable) |
| | IN PART DENOTE IE GOODE | | 83 | | |
| | | | 0.4 | Carr | lor Lin Code |
| | | | . 84 | City | FL 85 Zip Code |
| 11. Pursuant t | the provisions of Sections 607,0502 | and 607, 1508, Florida Statu | ites, the abov | e-namec | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| office or re | igistered agent, or both, in the State in In familiar with, and accept the obliga | or Fiorida. Such change was tions of, Section 60 7.0 505, F | lorida Statute | y ine cor s. | rporation's poard of directors. Thereby accept the appointment as registered |
| SIGNATURE | | | | | |
| | Signature, typiod or printed name of rugistered agor | | | enl signalur | e required whon reinstating) DATE |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D CADADALLO HIAMA | DELETE | 1.1 TITLE | | Addition Addition |
| NAME | CARABALLO, JUANA 133 POMPANO BEACH BLVD | ADT 204 | 1.2 NAME | | |
| STREET ADDRESS | POMPANO BEACH FL 33062 | . API 301 | L. | ADDRESS | MEDICY 4/ 33/66 1 |
| CITY-ST-ZIP TITLE | POMPANO BEACH FE 33002 | DELETE | 1.4 CITY - 1 2.1 TITLE | St-ZIP | AC 2 200 And 1341 Machange Addition |
| NAME | BUONO, CARMEN D | April | 2.7 NAME | | DATELLINE CONSTREET |
| STREET ADDRESS | 133 POMPANO BEACH BLVD | APT 301 | | ADDRESS | 17577666 |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | , | 2.4 C/TY- | | 1 MEXICU 41, 33/66 |
| TITLE | T WILL THE DELICATION OF THE PARTY OF THE PA | DELETE | 3.1 TITLE | 01 28 | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREE | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | |
| TITLE | | DELETE | 4.1 7ITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREE | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY | ST-ZiP | |
| TITLE | | ☐ DEL£TE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | |] |
| STREET ADDRESS | | | | ADDRESS | |
| CITY-ST-ZIP | | Decem | 5.4 CITY- | ST-ZIP | Change Liddica |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | * 4000000 | |
| STREET ADDRESS | | | | T ADDRESS | |
| CITY-ST-ZIP | ertify that the information supplied w | th this filing does not qualify | 6.4 CITY- for the exemp | tion stat | ted 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 eath; 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 | | | | | |
| 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. | | | | | |
| | | | | | |