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 # P97000018520 (1)

AA DIRT CHEAP CORP.

Principa	Place	of Business	
----------	-------	-------------	--

2. Principal Place of Business

SIGNATURE:

Suite. Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

4407 WEST HALLANDALE BEACH BOULEVARD HOLLYWOOD FL 33023

4407 WEST HALLANDALE BEACH BOULEVARD HOLLYWOOD FL 33023

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 02/27/1997

65-0730607

5. Certificate of Status Desired

23				28	7 *						Trust Fund Contribution	· -	7		и мау d to Fe	
23	Zip		Country	Zij	0	Cour	ntrv						on Curr			
24	1-	25	7	29	-	30			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							10. Name and Address of New Registered Agent								
	Α	MERILAWYER	CHARTERED				81	Name	e							
I		343 ALMERIA A				-	82	Ctros	A A daleace	o (D)	O. Box Number is Not A	\			<u> </u>	}
CORAL GABLES FL 33134							32	Siree	st vantes:	S (F.	.O. DOX NUMBER IS NOT A	(cceptable)		6		
	_	70.1.2 4.2.2	- 12 33 13 1			Ī	83									
;						Į.	84	000			<u> </u>			Tee 1 7	- 0	
							84	City					FL	85 Zi	p 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.												[
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE																
12	<u>.</u>	organization (1) pour or p		AND DIRECTO		13.		- viginali	5.5 /- 4		DDITIONS/CHANGES T			DIRECTO	DRS ÍN	12
TiT	LE	PSTD			DELETE	1.1 TML	E							Changi		Addition
NA	ME					1,2 NA	ME		}							}
STE	REET ADDRESS						EET A	ADDRESS	<u>.</u>							
cm	Y-Sĩ-Z!P	HOLLYWOOD FL 33023					Y-ST	7- ZIP								
TITI						2.1 TITL	.E		☐ Chang						,	Addition
NA	ME				2.2 NA	ME								Í		
STE	REET ADDRESS	DRESS 2			2.3 STR	.3 STREET ADDRESS							}			
CIT	Y - ST - ZIP	2. (2. 4 CIT	Y-51	T-ZIP	-ZIP							
TIT	LE					3.1 TITL	.E							Change	· 🗆	Addition
NAI	ME	1				3.2 NAM	ΛE									Ī
STF	REET ADDRESS	ADDRESS				3.3 STR	3.3 STREET ADDRESS							!		
CIT	Y-ST-ZIP	3.				3.4. CIT	3.4. CITY-ST-ZIP									
TITI	LE	DELETE 4.			4.1 Tet).	.1 TITLE						Change	: 1	Addition		
NA	ME	Ì				4, 2 NA	ME									
STE	REET ADDRESS					4.3 STR	EET A	ADDRESS	3							}
CIT	Y-ST-ZIP		<u></u>			4.4 CM	r - ST	r-ZiP	<u> </u>				<u> </u>			
TiT	LE				☐ DELETE	5.1 Titl	.E		1				l	Change	· L	Addition
NAI	ME					5.2 NAN	ΛE									
STF	REET ADDRESS	ESS 5.3 S				5.3 STR	EET A	ADDRESS	3							
_	Y-ST-ZIP					5.4 CIT		- ZIP	_					1 4		
TIT	LE	I			6.1 TITL	E						1	Change	: Ц	Addition	
NAI	ME					6.2 NAM	Æ									
STF	REET ADDRESS					6.3 STR	eet a	ADORESS	3							ļ
CIT	Y-ST-ZIP	[3 10 0 20		6.4 CITY	/-ST	- ZIP	1 - 1 - 0	_61-	440.07(0)(2) 51-14 (2)	atutos I final		16. sh = 1 ·	an inte	motic -
14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report is gupplemental 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																
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 for 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 cortiforation or the received control of the cortiforation of the received control of the cortiforation and the received control of the cortiforation of the cort																