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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000024013 (9) IOUNI CHADI EQ INC

FILED Apr 14 1998 8:00am Secretary of State

JOHN C	DIANLES, INC.					
Principal Place of Business		Mailing Address			T CREATABLE THE TREAT HOUSE ABOUT BOTH BOTH BOTH BOTH BURN BIRDIN BASES HERDE THAT TORK	
550 SW 12TH AVENUE DEERFIELD BEACH FL 33442		550 SW 12TH AVENUE DEERFIELD BEACH FL 33442			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address			03/11/1997 4. FEI Number Applied For	
21		26			Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	_
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		- n	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year intangible	
24	25	29	30		Personal Property Tax due June 30. X Yes No	
	9, Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
PRICE, DAVID T ESQ 550 SW 12TH AVENUE			82	1	t Address (P.O. Box Number is Not Acceptable)	
DEI	ERFIELD BEACH FL 33442		83	-		
				1		
			84		FL 85 Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was a	authorized b	y the corp	d corporation submits this statement for the purpose of changing its register rporation's board of directors. I hereby accept the appointment as registered	ed d
SIGNATURE	Signature, typed or printed name of registered agon	t and little if applicable (NOT	E: Registered Ag	ent signature	re required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	DELETE	1.1 TITLE		Change Addit	tion
NAME STREET ADDRESS	SOULLIERE, JOHN R POST OFFICE BOX 1937 (11.7)		1.2 NAME 1.3 STREE	T ADDRESS	POST OFFICE BOX 1934 (NA) HOLLYWOOD FL 33022	
CITY-ST-ZIP	HOLLYWOOD FL 33022	· w / /	1.4 CITY-	ST-ZIP	HOLLYWOOD FL 33022	
TITLE	DELETE 21T		2.1 TITLE		Change Addi	tion
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY	ST-ZIP		;
TITLE			3,1 TITLE		. Change Addi	tion
NAME			3.2 NAME			
STREET ADDRESS		T ·		T ADDRESS		
CITY-ST-ZIP		Decem	3.4. CITY			
TITLE		DELETE	4.1 TITLE		Change L Addii	aon
NAME			4. 2 NAMI			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP		- Oriere	4.4 CITY-ST-ZIP			tion :
TITLE		☐ DELETE	5.1 TITLE		Change Addi	rou
HAME			5.2 NAME			
STREET ADDRESS		•	1	T ADDRESS		
		5.4 CITY-			41	
TITLE		[]] DELETE	6.1 TITLE		☐ Change ☐ Addi	uon i

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. PRES.

SIGNATURE:

NAME