SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700034043 (4)

REVENGE UNLIMITED, INC.

Principal Place of Business

2721 S.W. 71ST TERRACE. SUITE 702

DAVIE FL 33314

Mailing Address

2721 S.W. 71ST TERRACE. SUITE 702

DAVIE FL 33314

FILED Aug 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

L						04/16/1997	
2. Principal P	2a. Mailing Address	illing Address			4. FEI Number	Applied For	
21		26				650747494	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				o. Continued of Clares Desired	Fee Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the cu	
24	25	29]	30]			Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
BAUMGARTNER, MICHAEL R				or Name			
2721 S.W. 71ST TERRACE, SUITE 702				82 Street Address (P.O. Box Number is Not Acceptable)			
DAVIE FL 33314							
				83			
				84	City	FI	85 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 Statutés.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS ANI		13.	_		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D DELETE 1.11			LE			Change Addition
NAME	BALLA LARNING LUGILLEL A			1.2 NAME			_ ,
STREET ADDRESS 2721 S.W. 71ST TERRACE, SUITE 702			1.3 STF	1.3 STREET ADDRESS			
CITY-ST-ZIP	DAME EL COCA			1.4 CITY-ST-ZIP			
TITLE			2.1 TIT	• • • • • • • • • • • • • • • • • • • •			Change Addition
NAME	-		2.2 NA	2.2 NAME			
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS			
CITY-ST-ZIP	l l		24 CIT	2.4 CITY-ST-ZIP			
TITLE				3.1 TITLE		()	Change Addition
NAME			3.2 NA	3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	4			4.1 TITLE			Change Addition
NAME		[] DELL'IE	4.2 NA				— Augusto — Vocation
STREET ADDRESS	·				ADDRESS		ſ
CITY-ST-ZIP			4.4 CIT				
TITLE		DELETE	5.1 T(T		- <u>CII</u>	·	Change Addition
NAME		L DELEI E	5.2 NA		1		T Criange T Vigilion
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP B.1 TITLE			Change Addition
NAME		DELETE	6.2 NA				Change Addition
					ADDOCAC		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	ordify that the information supplied with	this filing does not qualify for	6.4 CiT			on 119 07/3Vi) Florida Statutes I further certify	that the information

i. 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.

SIGNATURE:

Mickell Bulycartaer

8/10/98 56/9/2 6888

32E034 (5/98)