## 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 # P97000048879 (5)

1.	DAVID I		NT	ERPRISES, II	NC.		(-,							<b>ia</b> i 31 <b>a</b> 11	1)11 1 <b>01</b> 1	) <b>8 8</b> 8 1 1			<b>1</b> (89) (8)		<b>.</b> 11:10	
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Principal Place of Business Mailing Address												1					-					
2ND FL., 8000 PETERS RD. PLANTATION FL 33324						2ND FL., 8000 PETERS RD. PLANTATION FL 33324																
İ																		E IN TH	IS SPA	CE		
												J	Date In 06/02			r Qua	ditied					
2,	Principal Pl	Place of Business				2a. Mailing Address						4. FEI Number						A	pplied	For		
21						26						4	65-	08:	<u> </u>	16:	<u>5</u>					licable
22	Suite, Apt. #, etc.				2	Suite, Apt. #, etc.						5. Certificate of Status Desired See Required Fee Required										
	City & State	ity & State				City & State				_		6. Election Campaign Financ			ing			\$5.00	May	Be		
23						28							Trust Fund Contribution Added to Fees									
_	Zip	Country 25				<b>├</b> ─ '			Country				8. This corporation owes or has paid the current year Intangible							e		
24		9. Name and Address of Current				29 30 30 Registered Agent							Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Abent									
_	FRA					<u> </u>			81		Name											
FRANK EFFMAN WEINBERG & BLAI 2ND FL., 8000 PETERS RD. PLANTATION FL 33324					<b>-</b> (0,1)	13, 1 473			82	Street Addres		ress /P I	ess (P.O. Box Number is Not Acceptable)									
									83				55 (F.O. DOX INGITIDAL IS INCL ACCEPTABLE)						_		<del></del>	
										L												
								84	1	City							F	:L l	5 Zip	Code		
11	office or re	e <b>gis</b> tered ac	ient.	of Sections 607.0 or both, in the St nd accept the ob	ate of Flo	orida Such	r change was .	auth	orized by	v tl	named corporation	oration tion's bo	submit pard of	s this s directo	statem ors. I h	ent fo ereby	r the acce	purpose pt the a	e <b>of</b> ch appoin	anging Iment a	its regi regist	stered ered
SI	3NATURE .	Signature, typed	or prin	ited name of registered	agent and	tile Lapplicab	le (NO)	E: Be	nistered Age	ent	signature require	red when r	einstating					DATE	E	······································		<del></del> -
12				OFFICERS A	<u> </u>			T	13.						IANGE	s to	OFFI	CERS A		RECTO	RS IN	12
TIT	Æ	D					DELETE		1.1 TITLE					_						Change		Addition
	BRAUN, DAVID							1.2 NAME														
1 -	STREET ADDRESS 2ND FL., 8000 PETERS RD.  PLANTATION FL 33324			•	1.			1.3 STREET ADDRESS														
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ŀ	NAME STREET ADDRESS				1				2 2 NAME 2 3 STREET ADDRESS									!				
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STF	EET ADDRESS								3.3 STREET	AC	DDRESS											
	Y-\$1-ZIP								3.4. CITY-	ST-	- ZIP						arm.					
TIT	Æ						☐ DELETE	ı	4.1 TITLE		İ								L	Change		Addition
NA	í							1	4. 2 NAME													
STF	EET ADORESS							1	4.3 STREET													
	Y-ST-ZIP						DOLETE		4.4 CITY - S	ST-	ZIP									Channe	<del></del> -	Addition
TITE	1						☐ DELETE		5.1 TITLE										L	Change	<b>–</b>	Addition
NAI									5.2 NAME		DDD500											
	EET ADDRESS							- 1	5.3 STREET													
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NAI	1								6.2 NAME											J.,Jingo	' بـــ	. www.pigri
	EET ADDRESS							ı	6.3 STREET	T A1	DDRESS											

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section Indicated on this annual report of supplemental annual report is true and accurate and that my signature share officer or director of the corporation or the receiver of truster expowered to execute this report as required be Block 12 or Block 13 if changed, or on a attraching to with an address.

2/27/98

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual good is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or of trustee appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

May 01 1998 8:00am

Secretary of State