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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jun 18 1998 8:00am Secretary of State

1	1998	DIVISION OF CO	DRPORATIONS		
	MENT # P97000 UM PRODUCTION SERVICE	0076326 (2) s INC.			·
Principal Place	e of Business	Mailing Address	····) INDUINAL IND ANIAL FRANK DAYAY MAKIN DRAYY NA	118 0 1120 11110 11310 0111 1001
605 HERON DR. 605 HERON DR.					
DELRAY BEAG	CH FL 33444	DELRAY BEACH FL 33444		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				09/02/1997	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# ato	Suite, Apt. #, etc.		65-0778/10	Not Applicable
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	B	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	~ ' ~ ' 1
24	9, Name and Address of Curren		10	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
DID.		i nogistaro Agent	81 Name	10. Hame and Address of New Hegistered	Agont
	D om enico, John 5 He ron Dr.		90 Ctrast Ade	dress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33444			82 Street Add	aress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				<u> </u>	- 1 l ·
office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State	2 and 607,1508, Florida Statutes of Florida_Such change was au	i, the above-hamed cor thorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered pointment as registered
	m fa ruihar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statules.		
SIGNATURE	Signature: typed or profest name of reput test are	or and tille if applicable (NOTE 1	Registered Agent signature requ	uirod when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	L DELETE	1.1 TITLE		Change Addition
NAME DYDGET ADDRESS	DIDOMENICO, JOHN		1.2 NAME		
STREET ADDRESS CITY+ST-ZIP	605 HERON DR. Delray Beach Fl 33444		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	SOT	DELETE	21 TITLE		Change Addition
NAME	DIDOMENICO, CHRISTINE		2.2 NAME		
STREET ADDRESS	605 HERON DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444	· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-S1-ZIP		
TITLE	DV CUIDIO	☐ DELĒTĒ	3.1 TITLE		Change
NAME OTDCCT ADDDCCC	LOVE, CHRIS		3.2 NAME		
STREET ADDRESS CITY-ST-2IP	113 GEORGE BUSH BLVD. DELRAY BEACH FL 33444		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE	DEBINI DENOTITE OUTT	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		12-22-	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-\$1-7IP	section than Box information and the	the flate filing, which was according to	6.4 CITY - ST - ZIP	Postion 110.07/2V0 Florida Cial and Living	aviil, that the later
indicated	on this annual report or supplied wi	an uns ming coes not quality for I annual report is true and accur	me exemption stated if ale and that my signati	n Section 119.07(3)(i), Florida Statutes. I further our ure shall have the same legal effect as if made u	nder 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 open attachment with an address.