

0317396

04-19-1999 90059 004 ***150.00

3. Date Incorporated or Qualified

09/22/1997

4. FBI Number

| | |
|-------------|--|
| Applied For | |
|-------------|--|

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERILLO, STACY
4111 SW 25TH ST, LOT# 11
FORT LAUDERDALE FL 33317

| | |
|----|------|
| 81 | Name |
|----|------|

| | |
|----|--|
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
|----|--|

83

| | |
|----|------|
| 84 | City |
|----|------|

FL

| | |
|----|----------|
| 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 Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | PERILLO, STACY | |
| STREET ADDRESS | 4111 S.W. 25 ST. LOT #11 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CROCKER, ROBERT | |
| STREET ADDRESS | 4111 SW 25 ST LOT #11 | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33317 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 Date

340 690 4513
Daytime Phone #