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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000082758 (8)

FILED Jul 16 1998 8:00am Secretary of State

| A TOUC  | CH OF CLASS TOO, INC.                                | <b>、</b> /                         |                 |                            |  |
|---|--|------------------------------------|-----------------|----------------------------|--|
|   |  |                                    |                 |                            |  |
| Principal Pla   | ce of Business                                       | Malling Address                    |                 |                            | I INGRINDER 144 SAINT (BRUT BRUTT BRUTT BRUTT BRUTT BRUTT BRUTT FRUIT FRUI |
| 2467 PLUNKETT ST. 2467 PLUNKETT ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 |  |                                    |                 | DO NOT WRITE IN THIS SPACE |  |
|   |  |                                    |                 |                            | 3. Date Incorporated or Qualified  |
|   |  |                                    |                 |                            | 09/22/1997   |
|   | Place of Business                                    | 2a. Mailing Address                |                 | -                          | 4. FÉI Number Applied For  |
| 21  |  | 26                                 |                 |                            | 65-0789565 Not Applicable  |
| Sulte, Apt  | i. #, etc.   | Suite, Apt. #, etc.                |                 |                            | 5. Certificate of Status Desired \$8.75 Additional   |
| 22  |  | 27                                 |                 |                            | Fee Required   |
|   |  | City & State                       |                 |                            | 6. Election Campaign Financing \$5.00 May Be   |
| Zip   |  |                                    |                 |                            | Trust Fund Contribution  |
| _ `   | Country  | Zip                                | Country         | 1                          | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25 9. Name and Address of Curre                      |                                    | 30              | <del></del>                | Personal Property Tax due June 30. Yes No  |
| 001   |  | ent registered Agent               | B1              | Name                       | 10. Name and Address of New Registered Agent   |
|   | LDMAN, CHARLES J                                     |                                    |                 | · vaine                    |  |
|   | S. F <b>ede</b> ral Hwy.<br>Lyw <b>oo</b> d fl 33020 |                                    | 82              | Street Addr                | ress (P.O. Box Number is Not Acceptable)   |
| HUL   | LTW000 FL 33020                                      |                                    | 83              |                            |  |
|   |  |                                    |                 |                            |  |
|   |  |                                    | 84              | City                       | FL 85 Zip Code   |
| 11. Pursuar   | nt to the provisions of sections 607.05              | 02 and 607 1508 Florida Statutos   | the about       | Domod corner               | ration submits this statement for the purpose of changing its registered   |
| office or   | registered agent, or both, in the Sta                | le of Florida. Such change was au  | thorized by     | the corporation            | on's board of directors. I hereby accept the appointment as registered   |
| -   |  | gations of, section 607.0505, Flor | ida Statutes    | S.                         | • • • • • • • •  |
| SIGNATURE   | Signature, typed or printed name of registered ag    | gent and title if applicable. (NOT | E: Registered A |                            | ulred when reinstating) DATE   |
| 12.   | OFFICERS A   | ND DIRECTORS                       | 13.             |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D  | DELETE                             | 1.1 TITLE       |                            | Change Addition  |
| NAME  | BROWN, KENYA   |                                    | 1.2 NAME        |                            |  |
| STREET ADDRESS  | 2467 PLUNKETT ST.                                    |                                    | 1.3 STREET      | ADDRESS                    |  |
| CITY-ST-ZIP   | HOLLYWOOD FL 33020                                   |                                    | 1.4 CITY-ST     | r-ZIP                      |  |
| TITLE   |  | DELETE                             | 2.1 TITLE       |                            | Change Addition  |
| NAME  |  | •                                  | 2.2 NAME        |                            | <del></del>  |
| STREET ADDRESS  |  |                                    | 2.3 STREET      | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                                    | 2 4 CITY-ST     | I-ZIP                      |  |
| TITLE   |  | DELETE                             | 3.1 TITLE       |                            | Change Addition  |
| NAME  | ţ  |                                    | 3.2 NAME        |                            |  |
| STREET ADDRESS  |  |                                    | 3.3 STREET      | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                                    | 3.4 CITY-ST     | -ZIP                       |  |
| TITLE   |  | DELETE                             | 4.1 TITLE       |                            | Change Addition  |
| NAME  |  |                                    | 4.2 NAME        |                            |  |
| STREET ADDRESS  | '  |                                    | 4.3 STREET      | ADDRESS                    |  |
| CITY-ST-ZIP   |  |                                    | 4.4 CITY-ST     | ZIP                        |  |
| TITLE   |  | L_ DELETE                          | 5.1 TITLE       |                            | Change Addition  |
| NAME  |  |                                    | 6.2 NAME        |                            |  |
| STREET ADDRESS  |  |                                    | 5.3 STREET      |                            |  |
| CITY-ST-ZIP   |  | <u> </u>                           | 5.4 CITY-ST-    | -ZIP                       |  |
| TITLE   |  | L_J DELETE                         | 6.1 TITLE       | 1                          | Change Addition  |
| NAME<br>STORET ADDDESS  | ·  |                                    | 6.2 NAME        |                            |  |
| STREET ADDRESS  |  |                                    | 6.3 STREET      |                            |  |
| CITY-ST-ZIP   |  | 1.77.50                            | 6.4 CITY-ST     |                            | lion 110 07/2/(i) Etarida Statutas I further partifully that the Information   |

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 chapted, or on an attachment with an address.

SIGNATURE.

MANNEN

17 10 1990 922-32