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 # P97000083816 (3)

FILED May 11 1998 8:00am Secretary of State

DAY &	NIGHT TRIPPERS, INC.	(0)			1848 3101 8181 1886 9 11 1081
Principal Plac	e of Business	Mailing Address			NOLDE TLYÐU TENET ELDIÐ ØRST HÓÐU
1753 JACKSON STREET STE 113 1753 JACKSON STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			STE 113	DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualified	
				09/26/1997	
2. Principal P	lace of Business	2a, Mailing Address	-,,/#	4. FEI Number	Applied For
21		26		68-0786517	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		City & State		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 o	
24	25	29	30	Personal Property Tax due June 30.	Yes PNo
	9, Name and Address of Curre	int Hegistereo Agent	81 Name	10. Name and Address of New Registere	
PEREZ BEHAR & ASSOC INC			- Name	DENIST A. ORISTEA	!
14730 NE 10 AVE			82 Street	Address (P.O. Box Number is Mot Acceptable)	
N	O MIAMI FL 33161		63	752 NW 34 02.	
			65		
			84 City/	DEDAUT OREEL F	L 85 33073
44 Durawant	to the provisions of Soutions 607.06	02 and C07 1509 Florida Ctatut	as the shave samed	I association submite this statement for the pursues	of changing its registered
office or r	registered agent, or both, in the Stat	e of Florida. Such change was	es, the above-hamed authorized by the cor	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as registered
agentia	im familial with, and account the obli	pations of, Section 607.0505, FI	orida Statutes.		-
SIGNATURE	Signature, typed or printed name of registered a		E: Registered Agent signature		
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TOLE	100000 11 T	Change Addition
NAME	CRISTEA, DENISA A		1.2 NAME	CEIGTEADENISM M.	
STREET ADDRESS	1753 JACKSON STREET ST	E 113	1.3 STREET ADDRESS	5432 N.W. 54 DE.	•
CITY - ST - ZIP	HOLLYWOOD FL 33020		1.4 CITY - ST - ZIP	COCONUT CREEK, KL 3307:	3
TITLE		☐ DELET E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		j
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	1	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

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