## 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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P97000085439 (2)

DAVID SULLIVAN, INC.

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE NAME

Fillicipal Flace of C	<b>กอ</b> แเดอว	Maning Address			
1095 JUPITER PARK DR. BAY #1 JUPITER FL 33458		1095 JUPITER PARK DR. BAY #1 JUPITER FL 33458		DO NOT WRITE IN THIS <b>\$</b> PACE	
				3. Date Incorporated or Qualified	THIS GFACE
				·	
A DC CODE	The state of the s	1 67 140000 100000		10/02/1997	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		2a. Mailing Address	<b>;</b>	4. EEL Hamber 2597/	Applied For
21		26    Culto Ant # at		1 60 00 00 1 16	Not Applicable
Suite, Apt. #, etc	c,	Suite, Apt. #, et	c.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	_, \$5.00 May Be
20		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid to	ne current year Intangible
24	25	29	30	Personal Property Tax due June 30	Yes No
9.	Name and Address of Cur	rent Registered Agent		10. Name and Address of New Regis	tered <b>Ag</b> ent
DAVID M	. BOVI, P.A.		81 Name	Vaitta II Sulla	1/040
	MATIS ST SUITE 804		00 0	71000 41. ON 117	4/PT/
WEST PALM BEACH FL 33401			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	STE 16
WEST IN	UNI DENOTTE 00401		83		
				<b>^</b>	
			84 City	HTTE P	85 Zip Code
		<u></u>		/LIQL	<u> </u>
11. Pursuan/to the office of regist	e provisions of sections 007.0	502 and 601.1501, Horida S	Statutes, the above-named corp was authorized by the corpora	poration submits this statement for the purposition's heart of directors. I hereby accept the	B of changing its registered  Annointment as registered
agent. (am fa	miliar with and accept the or	ligations of sector 607 05	5, Florida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	a togisioned
SIGNATURE	HILLICA	$r_{i}$ $\mathcal{W}_{i}$	VW)		7 6 X
Signate	ure, typed or printed name of registered i		(NOTE: Registered Agent signature re		NTE -
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	cestuent_	. DELE	TE 1.1 TITLE		Change Addition
NAME D	AUTIN H. Su	JUAN .	1.2 NAME		
STREET ADDRESS	Or To Proce !	PARK DR. BAS	1.3 STREET ADDRESS		
CITY-ST-ZIP	Martie D. Ci	1 7 (10°12	1.4 CITY-ST-ZIP		
TITLE	<del>0102164</del> -1	S S A 7.4 DEFE	TE 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELE			Change Addition
NAME		ב טבנכ	3.2 NAME		Li Change Li Auduon
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	3.4 CITY-ST-ZIP		
TITLE		L DELE	•		L Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-\$1-ZIP

DELETE

DELETE

**FILED** Sep 09 1998 8:00am Secretary of State



Change Addition

Change Addition

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 arm an officer or director or the corporation or the receiver or trusted empewered to execute his yeport 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 fir address.