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 # P97000086223 (9)

DOWN SOUTH ENTERPRISES, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Diag	a of Duninger	Mailing Address			i ilain imme iii ibai
Principal Place		Mailing Address			
6822 NW 28TH CT					
MANORIE	rt 33003	MARGATE PL 33003		DO NOT WRITE IN THIS SPACE	E
				3. Date Incorporated or Qualified	
ļ				10/06/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0786215	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		I E Condicate of Status Desired I I	.75 Additional
22		27		5. Commedia of dialog bearing	Fee Required
City & State		City & State			5.00 May Be
		28			dded to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current y	
24	25]	29 3	0]	Personal Property Tax due June 30. X Yes	
				10. Name and Address of New Registered Agent	·
	FAZZINO, JOHN W				J
	822 NW 28TH CT		82 Street Address (P.O. Box Number is Not Acceptable)		
¦ N	MARGATE FL 33063				
			83		
			84 City	85	Zip Code
<u></u>				<u> </u>	L
11, Pursuant office or f	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statutes e of Florida, Such change was au	, the above-named co thorized by the corpor	rporation submits this statement for the purpose of chan ation's board of directors. I hereby accept the appointm	ging its registered ent as registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE					
12.	Signature, lysed or printed harno of registered ag	ID DIRECTORS	Registered Agent signature req	ruired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTODE IN 12
TITLE	D OFFICENS AN	DELETE	1.1 TITLE		hange Addition
NAME	FAZZINO, JOHN W		1.2 NAME	G.	
STREET ADORESS	6822 NW 28TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP		}
TITLE	VST	DELETE	2.1 TITLE	По	hange Addition
NAME	FAZZINO, DEBRA L		2.2 NAME		
STREET ADDRESS	6822 NW 28TH CT		2.3 STREET ADDRESS		ľ
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP		
TITLE	MANUAL I C 30005	DELETE	3.1 TITLE	Пс	hange
NAME		and areas to	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			f		ľ
TITLE		DELETE	3.4. CITY-ST-ZIP	TTO	hange Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		· ·
TITLE		DELETE	5.1 TITLE	Tio	hange Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		hange Addition
NAME		C DECERC	6.2 NAME		
1					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		

14. Thereby 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.

SIGNATURE:

Debra L. Fazzino 3-30-98 (954) 753-7219

Debra L. FAZZINO 3-30-98 (954)753-7219