FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099198

I LOVE DAZZLE, INC.

Principal Place of Business
710 EAST ATLANTIC AV
DELRAY BCH FL 33483

Mailing Address

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90097 003 ***150.00



710 EAST ATLANTIC AV 261 NE 48 COURT DELRAY BCH FL 33483 · FT LAUDERDALE FL 33334 US					·			DO NOT WRI	TE IN THIS	SPACI	.	
							3.	Date Incorporated or Qualifed 11/19/1997	,1 = T			
Principal Place of Business 2a. Mailing Address								FEI Number			App	lied For
21		26					<u> </u>	65-0803569				Applicable
	#, etc.		Suite, Apt. #, etc.				5.	5. Certificate of Status Desired				
22		27					╁					
City & State	e	├	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
23 Zip	Country	28 Zi	Zip Country				+-	This corporation owes the curr	ent vear Inta		000 10	. 000
24	25	29		30	,		0.	Personal Property Tax.	cin your mic	Yes		No
24	9. Name and Address of Current			501			10.	Name and Address of New I	tegistered /	Agent		
	<u> </u>		-	_	81	Name		<u> </u>				
	N, TERRENCE E			F	82	Ctroot Addre	/E	P.O. Box Number is Not Accepta	ble)			
261 NE 48 COURT						Street Addre	:SS (F	O, Box Number is Not Accept	, iolo			
FTL	AUDERDALE FL 33334				83							
	•				84	City				85	Zip Co	ode
						•			FL		•	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt⊢lorida.:	Such change was au	unonzea	ו עם	tne cordoratioi	oration n's bo	in submits this statement for the oard of directors, I hereby accep	purpose of on the purpoir	cnangi ntment	ng its r as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if apr	Nicable (NOTÉ:	Registered A	Agent	t signature required	when r	reinstating)	DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
TITLE	PD		☐ DELETE	1.1 TITL	Æ	1 -				Ch	ange	Addition
NAME	RYAN, TERRENCE E			1.2 NA	ИΕ							
STREET ADDRESS	261 NE 48 COURT			1.3 STF	REET	ADDRESS						
CITY-ST-ZIP	FT LAUDERDALE FL 33334			1.4 CIT	Y-ST	r-ZIP						
TITLE	VD		☐ DELETE	2.1 TITI	E					☐ Ch	ange	Addition
NAME	GOLDFARB, JEROME H			2.2 NA	٧E							
STREET ADDRESS	-261.NE_48.COURT			2.3 STF	REET	ADDRESS ~			*			. , .
CITY-ST-ZIP	FT LAUDERDALE FL 33334			2. 4 CIT	Y-S	T-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	3.1 TITI	LΕ					СР	ange	☐ Addition
NAME	•			3.2 NA	ΜE]		•				
STREET ADDRESS				3.3 STF	REET	ADDRESS						
CITY-ST-ZIP				3.4. CR		T- ZIP				☐ Ch	ange	Addition
TITLE			☐ DELETE	4.1 TITI							uriya	
NAME	· · · · · · · · · · · · · · · · · · ·			4. 2 NA				•				
STREET ADDRESS	<i>`</i>			•		ADORESS		•				
CITY-ST-ZIP			□ DELETE	4.4 CIT 5.1 TIT		1-ZIP				□ Ch	ange	Addition
TITLE			C) Deterie	5.1 HU				•		3.,		٠٠٠٠٠٠٠٠
NAME	,					ADDRESS						
STREET ADDRESS,				5.4 CIT		1						
CITY-ST-ZIP			□ DELETE	6.1 TIT						☐ Ch	ange	Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

CR2E034 (11/98)