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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

1999 DOCUMENT # P97000100081

1. Corporation Name

DI ONDIEIS DAMS INC

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90085 021 ***150.00

DLONDIE	S PAWS, INC.							
		8.8-10- 8.44			-		ENERGIA	
Principal Place	e of Business	Mailing Address	_					
1324 NORTH FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020			ī		DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					11/22/1997			
2 Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number		I	pplied For
├ ─ 7	ace of positiess	26			65-0798247		<u> </u>	ot Applicable
Suite, Apt. 1	# etc	Suite, Apt. #, etc.						Additional
─ ─	r, etc.	27			5. Certifcate of Status Desired		•	equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
<u></u>		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country.		8. This corporation owes the curr	ent vear.int	angible	
24	25	29	30		Personal Property Tax.	,	Yes	□No
	9. Name and Address of Curre		11		10. Name and Address of New F	Registered	Agent	
			81 Na	me				
	NO, MICHAEL		00 04		ess (P.O. Box Number is Not Accepte	able)		
1804	CLEAVLAND STREET		82 Str	eet Addre	ess (P.O. Box Number is Not Accepte	able)		
HOL	LYWOOD FL 33020		83					
			84 City	у		FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Stati	ites, the above-nan	ned corpo	oration submits this statement for the	nurnose of	changing its	s registered
Office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was	authorized by the c	corporation	n's board of directors. I hereby accep	pt the appoi	ntment as r	egistered
í agent. Lai	m tamiliar with, and accept the oblig	ations of, Section 607.0505, Fi	onga Statutes.					
3								
SIGNATURE	Signature based or printed name of registered are			ture required	when reinstating)	DATE	 	<u>·</u>
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signar	ture required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
SIGNATURE			E: Registered Agent signa	ture required			ID DIRECT	
SIGNATURE	OFFICERS A	ent and title if applicable. (NOT	E: Registered Agent signer	ture required				
SIGNATURE 12. TITLE NAME	OFFICERS A P SPANO, MICHAEL	ent and title if applicable. (NOT	E: Registered Agent signa 13. 1.1 TITLE					
SIGNATURE 12. TITLE NAME STREET ADDRESS	P SPANO, MICHAEL 1804 CLEVELAND ST	ent and title if applicable. (NOT	E. Registered Agent signa 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR					
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14. I hereby certify that the information supplied with this filing does not gualify 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 the 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 on the receiver or trustee on bowered 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.

SIGNATURE:

Daytime Phone #