FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 61.25 Ammended FILED
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AMMO: 38 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS TO DATE PLAY OF STATE FROM THE LAND WORLD STEEL FLORIDA DOCUMENT # P9800067150 BE-DAZZIED OF BOCA, INC. Principal Place of Business 7349 Chesapeake 21401 powerline RD. BOCA RATON, FL. 33433 DO NOT WRITE IN THIS SPACE B. ynton Beach, PL- 33436 2. Principal Place of Business Applied For 50ME Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Zip Country Country This corporation owes the current year Intangible 30 25 24 29 Personal Property Tax [Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MISTRETTA, SHERYL 82 Street Address (P.O. Box Number is Not Acceptable) 21401 powerline RO. 100002898401==0 83 -06/08/99--01067--001... 84 .1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered uch change was authorized by the corporation's board of directors. I hereby acception,607,0505, Florida Statutes. 5/20/99 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. [] DELETE TITLE SCC- Treasing 50% Sharehold 17 Shange MISTRETTA HENNY HENRY MISTRETTA NAME CR2E034 21401 POWERLINE RO. 21401 PSWERLINE RO. STREET ADDRESS 1.3 STREET ADDRESS paner, pl 33433 ROTO, PL 33433 CITY-ST-ZIP 14 CITY-ST-ZIP BUCA [] Change DELETE Addition | TITLE NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIF 2 4 CITY-ST-ZIP TITLE [] DELETE [] (hange Addition 3.1 TrTLF NAME 3.2 NAME STREET ADDRESS 33 STREET ADORESS CITY-ST-ZIP 34 CITY-ST-ZIP LIDELETE [] Addition TITLE 4.1 TIFLE Fill Change NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADORESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP [] DELETE [] Addition TITLE 5 1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE [] Cr ange [] Addition 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 didicated 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, I forida Statutes, and that my nanic appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/99 501

521 477 8418