**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT-OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000086450

DJ HEAVEN, INC.

ווי טט	City 1110						
Principal Place	of Business	Malling Address			, indicate the same and the sam		•
320 W COLONIA	AL-DRIVE	320 W COLOMBAL DRIVE			1		
ORLANDO PC 32801 ORLANDO FL 32801					DO NOT WRITE IN THIS	SPACE	
6.					3. Date Incorporated or Qualifed		
					10/01/1998		
2 Deingland Di	ace of Business	2a, Mailing Address		<del></del>	A CEL Number	- o Ap	plied For
	AME	28 7652 PAWI	HERA	CT	59-3543848 191		t Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			5 Certificate of Status Desired	Additional	
22		27 ORLAWDO F	Z. <u>32</u>	2822_	5. Certificate of Status Desired Fee Required		
City & State	e	City & State		<u>.</u>	6. Election Campaign Financing	<u>\$5.00</u>	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	TY.	8. This corporation owes the current year in	tangible XYes	□No
24	25		30 03		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Currer	nt Registered Agent		11 Name	10. Mains and Address of team vealurated	Agui.	
LOC	ASCIO, FRANK		Ľ				
320 W COLONIAL DRIVE			8	Street Add	ress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32801		1	13			
O I I	4450 1 ÷ 05501			<u> </u>			
			ε	L4 City	FI	85 Zip C	Code
agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	ations of, Section 607.0505, Flori	ida Statut	es.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as rec	jistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	gent signature require	d when reinstating) DATE	- DIDEATA	
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	<del>- 1</del> -	ADDITIONS/CHANGES TO OFFICERS A	Change	[7] Addition
TITLE	D	DELETE	1.1 ML	1		موه	
NAME	LOCASCIO, FRANK		1.2 NAM	· }			
STREET ADDRESS	320 W COLONIAL DRIVE			EET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801	. DELETE	1.4 CITY			Change	Addition
mue			2.1 ΠIL	1		<u></u>	_
NAME			22 NAW	I			
STREET ADDRESS				EET ADDRESS			1
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.1 TITU	·ST-ZIP		Change	Addition
TITLE			3.7 MAN	i			
NAME .				EET ADORESS			
_STREET AODRESS				/-ST-ZIP			
CITY-ST-ZIP		DELETE	4.1 TITL			Change	☐ Addition
TITLE	}		4. 2 NAS	}			
NAME	, '			EET ADORESS			
STREET ADDRESS			4.4 CITY				
CITY-ST-ZIP		☐ DELETE	5.1 TITL			Change	☐ Addition
TITLE		-1 0-1-1-	5.2 NAM	- 1	•	-	
NAME				EET ADORESS			
STREET ADDRESS			5.4 CITY				
CITY-ST-ZIP		[] DELETE	6.1 TITL			Change	☐ Addition

C/TY-ST-ZP 5.4 CITY-ST-ZIP 14. I heraby 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 path; 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

**FILED** 

May 01, 1999 8:00 am Secretary of State

05-01-1999 90084 038 \*\*\*150.00