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 # S35998

(1)

BE DIFFERENT, INC.

FILED
May 08 1998 8:00am
Secretary of State

- I FRANKRIA FRA MINI BINIO SENIA MAJON FRAN ONDIN OLOKA RISKI ANDIN ANDIN OKRIN IBON

0149329

						
Principal Place		Mailing Address			,	
2900 SAMPI Suite 4238			101 BRINY AVENUE			
POMPANO BEACH FL 33062			SUITE 2012 POMPANO BEACH FL 33062		DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					03/01/1991	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0262638	Not Applicable
22		⊢	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Count	ry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
<u>-</u>	g, Name and Address of (Current Registered Agent		Al Name	10. Name and Address of New Registe	red Agent
RAVITZ, BEVERLY				1 Name		
-	01 BRINY AVE.		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)	
	-2012		ŀ	3		
ľ	OMPANO BCH. FL 33062		Ĺ			
			8	4 City		Zip Code
11. Pursuant	to the provisions of 86ctions 6	07.0502 and 607.1508. Florida S	Statutes, the abo	ve-named co	orporation submits this statement for the purpo	se of changing its registered
11. Pursuant to the provisions of 80ctions 607.0502 and 607.1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, 80ch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.						
SIGNATURE		. l. Jan			4.	38.86
SIGNATORIE	Sondon, typed or printed name of trous		(NOTE Registered /	gent signature rec	quired when reinstating) DA	ΤE
12.	OFFICE	RS AND DIFFLICTORS C	D.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	RAVITZ, BEVERLY	DELETI		- 1		Change Addition
STREET ADDRESS	101 BRINY AVE., S-20	110	1.2 NAM	ET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	/ IE		-ST-ZIP		
TITLE	8	☐ DELETI				Change Addition
NAME	RAVITZ, TERRI	_	2.2 NAM	E		_ , _ ·
STREET ADDRESS	14 RIDGECREST TERI	RACE	2.3 STR	ET ADORESS		
CITY-ST-ZIP	W ROXBURY MA		2. 4 CIT	(-ST-21P		
TITLE		DELET	E 31 THTL			☐ Change ☐ Addition
NAME (· 		3.2 NAM	E		;
STREET ADDRESS			3.3 STR	ET ADDRESS		1
CITY-ST-ZIP		☐ DÉLET		- ST- ZIP		Clohana Claddian
NAME						Change Addition
STREET ADDRESS			4. 2 NAA	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME [5.2 NAM	í		
STREET ADDRESS			5.3 STR	ET ADORESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZiP		
TITLE		DELETI	E 6.1 TITU			Change Addition
NAME	i i		6.2 NAM	-		·
STREET ADDRESS				ET ADDRESS		I
CITY-SI-ZIP	portify that the information areas	ahad with this tiles sless and an	6.4 CITY	-ST-ZIP	in Cooling 110 07/2VI) Elected State to 11 inter-	or and first the information
indicated	on this annual report or supple	phod with this hing does not qua emental annual report is true and	d accurate and	that my signs	ature shall have the same legal effect as if mad	e under oath; that I am an
14. I hereby certify that the information supplied with this friing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual ropod 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 by the receiver or trustee empower of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.						