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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** S59354

(8)

OFF THE WALL PROMOTIONS, INC.

Mailing Address

**FILED** Apr 21 1998 8:00am Secretary of State



2217 N E 28TH AVE 2217 N E 28TH AVE FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1991 2. Principal Place of Business 4. FEI Number Applied For /906 NE Suite, Apt. #, etc. 1906 NE 65-0281561 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Deerfield Deerfield Trust Fund Contribution Added to Fees Broward 8. This corporation owes or has paid the current year Intangible Broward Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMOJVER, WALTER 2217 N E 28TH AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33305 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIFLE DELETE 1.1 TITLE Change ■ Addition SMOJVER, WALLY NAME 1.2 NAME 1906 NE 6th Street Deerfield Beach, FL 33441 2217 N E 28TH AVE STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Channe Addition TIFLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 5 1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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 armual 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 receivor 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 min an attachment with maddress.