## 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

FILED	
May 01 1998 8:00an	
Secretary of State	

	OCUMEN orporation Name PAMELA DUGO	T# <b>S598</b> 7 GER, INC.	74	(5)						
Princ	ipal Place of Busine	988	Ma	uling Address				(1 STEAL BOOK) OL	UT	
8500 FILLMORE STREET 6560 FILLMORE STREET										
	LLYWOOD FL 33024	•		OLLYWOOD FL 33024						
<b>\</b>							DO NOT WRITE IN THIS SPACE			_
i							3. Date Incorporated or Qualified 06/13/1991			1
2 Pr	incipal Place of Bu	Place of Business 2a. Mailing Address								-
21	morpari ace or po-	311 40 35	Maning Address			NOT APPLICABLE		Applied For Not Applicable		
Si	uite, Apt. #, etc.		Suite, Apt #, etc.			···········	\$8.75 Add			7
22	•		27				5. Certificate of Status Desired		Required	-
	ity & State		28	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zi	P	Country		Zip Country			8. This corporation owes or has paid the current year Intangible			
24		25	29		30			_ ` .	No	
	9, Nam	e and Address of Curr	ent Regist	ered Agent			10. Name and Address of New Registered	Agent		7
	Dugger, P				81	Name				ł
1		ORE STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)			┨.
	HOLLYWOO	D FL 33024			-	ļ <u>.</u>				4
•					63					1
					84	' '	FL	.   `   `	Code	7
11. F	Pursuant to the prov office or registered a agent. I am familiar	risions of Sections 607.0 agent, or both, in the Stawith, and accept the obl	502 and 60 ate of Florid ligations of,	7.1508, Florida Statu a Such change was Section 607.0505, Fl	es, the above authorized by orida Statute	e-named cor the corpora s.	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing pointment as	its registered 3 registered	7
SIGN	ATURE Signature ben	ed or printed name of registered i	anny and title if	(NO)	F. Bonislaved Ans	ant elonghus ren	ulred when reinstating) DATE			1_
12.	39.330.49	OFFICERS A			13.	on algrisions radi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	-  E
TITLE	PID			DELETE	1.1 TITLE			☐ Change	Addition	100
NAME		PER, PAMELA			1.2 NAME					3
STREET		FILLMORE STREET			1.3 STAEE	ADDRESS				2
CITY-S		YWOOD FL			1.4 CITY-5	T-ZIP	<u></u>			_ չ
TITLE	VSD			DELETE	21 TITLE	(		Change	Addition	1c
NAME		ER, LARRY			2.2 NAME					İ
	HOLL	FILLMORE STREET			2.3 STREET	1				1
CITY-S	I-ZIP NULL	YWOOD FL	<del></del>	DELETE	2.4 CITY-5	ST-ZIP		Change	Addition	4
TATLE				L) otter	3.1 TITLE 3.2 NAME	[		-1 Ownige		
	ADDRESS				3.2 NAME 3.3 STREET	ADDRESS				
CITY-S					3.4. CITY-5	- I				}
TITLE				☐ DELETE	4.1 TITLE	J1-2#		Change	☐ Addition	1
NAME	1				4. 2 NAME	İ				
STREET	ADDRESS				4.3 STREET	ADDRESS				Ì
CITY-S	T-ZIP				4.4 CITY-S	T-ZIP				ł
TITLE				DELETE	5.1 TITLE			Change	Addition	7
NAME	ľ				5.2 NAME	]				
STREET	ADDRESS				53 STREET	ADDRESS )				]
CITY-S	T- ZIP				5.4 CITY-S	T-ZIP				1
TITLE				DELETE	6.1 TITLE			Change	Addition	
NAME					6.2 NAME	1				
	ADDRESS				6.3 STREET	1				
CITY-S		the information supplied	with this fit	ing does not qualify to	6.4 CITY-S		n Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the	e information	+
, !	TOTOLO COLLINY IT INC.	are anormation supplied	***************************************	ing doos not quality if	or tric overilly	CON BIGIOU II	in cooling 1 to or to to to the control offers as if and a co-	and a sale of	Janonnakoli	

1. 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 excupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Place 1.3 if chapter

SIGNATURE:

pri

(954)961-5267