NAME

STREET ADDRESS CITY-ST-ZIP

 I do hereby certify that the info information indicated on this a Lam an officer or director of appears in Block 12 or Bloc

CICNATURE.

FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 May 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORFORATIONS DOCUMENT # V47828 DON'S CUSTOM SERVICE, INC. Principal Place of Business Mailing Address 4420 NW 11 TERR 4420 NW 11 TERR FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-3817 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1992 04/11/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0346535 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιρ Country This corporation has liability for intangible tax under s. 199.032, 29 Florida Statutes Yes ☐ No 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent POTTS, SANDRA L. 4420 N.W. 11 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33309 83 84 City Zip Code FI 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. DELETE Change Addition TITLE 11 11111 POTTS, CHRISTOPHER NAME 1.2 NAME 4420 NW 11 TERR STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE POTTS. DONALD NAME 2.2 NAME 4420 NW 11 TERR STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELFTE Change Addition TITLE 311011 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - S1 - 7)F DELETE. Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

nt with an address

Whis ting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the emental angular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that requiver or plustee an order to execute this report as required by Chapter 607, Florida Statutes; and that my name

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954-49140KZ