| C11 C | : NOW- I | EII ING EEE A | | | | | | | | | | | |
|---|---------------------------------------|--|---------------|--|------------------|---------------------------|---------------|----------|---|---------------|-----------------|-------------------------------|-----------------------|
| COF ANNU | PROFIT CORPORATION ANNUAL REPORT 1998 | | | FLORIDA DEPARTMEN Sandra B. Moi Secretary of S DIVISION OF CORPO | | T OF STATE tham ate | | | Jan 21 1998 8:00am Secretary of State | | | | |
| 1. Corporation | M SERVICE | 10001 | Mailin | (2) | <u></u> | | | ·- | | | | | |
| 10 S.E. 1ST AVE. DELARY BEACH FL 33444-3606 US | | | | 10 S.E. 1ST AVE. DELARY BEACH FL 33444-3606 US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1973 | | | | |
| Principal Place of Business The state of Business The sta | | | | 2a. Mailing Address | | | | | 4. FEI Number 59-1474270 | | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | | 27 Su | Suite, Apt. #, etc. | | | | | 5. Certificate of Status | Desired | × | | Additional equired |
| City & State | | | 28 Cit | City & State | | | | | 6. Election Campaign Trust Fund Contribu | - | | \$5.00 Added | May Be to Fees |
| Zip 24 | 2 | Country | 29 29 | 0 | 30 | untry | , | | 8. This corporation ow Personal Property T | • | | | angible No |
| Name and Address of Current Registered Agent | | | | | | | Name | | 10. Name and Addres | s of New R | egistered | Agent | |
| GALLO (CARL R.) 6002 LE LAC ROAD | | | | | | 81 82 | | Addres | s (P.O. Box Number is N | Int Accounts | Ablo L | | |
| BOCA RATON FL 33496 | | | | | | | Street. | Auures | SS (P.O. BOX Nulliper IS I | Not Accepta | ible) | | |
| | | | | | | 83 | | | | | | | |
| | | | | | | 84 | City | | | | FL | 85 Zip | Code |
| 11. Pursuant | to the provision | ns of Sections 607.050 | 2 and 607.1 | 1508, Florida Stati | ites, th | ove | e-named | corpor | ation submits this staten | ent for the | purpose c | f changing it | s registered |
| agent. La | egistered ager m familiar with | nt, or both, in the State, and accept the obliga | ations of, Se | such change was ection 607.0505, F | lorida | utes | | oorauoi | n's board of directors. I h | Correction | | 5. (597 | registered |
| | Signature, typed or | printed hame of registered age | | | TE; Regis | d Age | nt signature | required | when reinstating) |) | DATE | | |
| 12. | С | OFFICERS ANI | D DIRECTO | RS DELETE | | TLE | | | ADDITIONS/CHANG | ES TO OFFI | CERS AN | D DIRECTOR Change | S IN 12 Addition |
| NAME | GALLO,CA | ARI R | | | , | AME | | | | | | Criange | L. J Addition |
| STREET ADDRESS | | AC ROAD | | | , | | ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA RA | TON FL | | | _ 1 | ITY-S | T- <u>ZIP</u> | | | | | | |
| TITLE | P | | | ☐ DELETE | 2 | ITLE | | | | | , ,- | Change | Addition |
| NAME | | DOMINICK JR | | | | . LAME | | ~~ | LO TABALL | D* | | | |
| STREET ADDRESS CITY-ST-ZIP | | 'N GLEN LANE RBOR FL 34684 | | | | GITY-S | ADDRESS | 8 | 118 TORREY LEARWATI | TINES ED T | 2 | 3761- | 3011 |
| TITLE | * 2 3 E 191 | 100111201001 | | ☐ DELETE | | TITLE | · | | | | <u> </u> | Change | ☐ Addition |
| NAME | | • | | | 3 | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | 3. | .3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | ST-ZIP | | | ☐ DELETE | | 3.4. CITY-ST-ZIP | | | | | ·: = | Change | Addition |
| TITLE NAME | | | | | | 4.1 TITLE 4. 2 NAME | | | 1 | | | CT Unanys | T Vaninat |
| STREET ADDRESS | | | | | 3 STREET ADORESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | 4 CITY-S | | | | | | | |
| TITLE | | | | DELETE | | 1 TITLE | | | | - | | Change | Addition |
| NAME | | | | | | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | - | |
| CITY-ST-ZIP | | | | | 5. | 4 CITY - S | I-AP | | | | | | |

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 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 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.

SIGNATURE: CITY-ST-ZIP 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

Change Addition