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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

616510

LORICCO; WILLIAMS; WUNDER AND CROSLAND; C.P.A.'S 1-15-98

LORICCO, WILLIAMS, CROSLAND, SANDLES AND JOINER,

Principal Place of Business

Mailing Address

C.P.A. 's, P.A.

3005 CARING WAY STE A

3005 CARING WAY STE A

FILED May 13 1998 8:00am Secretary of State



P O BOX 3179 P O BOX 3179 DO NOT WRITE IN THIS SPACE PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33949 3. Date Incorporated or Qualified 04/05/1979 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 Not Applicable 26 59-1892838 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country ZΦ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAMS, DON E. 3005 CARING WAY 82 Street Address (P.O. Box Number is Not Acceptable) PT CHARLOTTE, FL 83 33952 Zip Code City 85 11. Pursuant to the provisions of Socious 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 diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WILLIAMS, DON E NAME 1.2 NAME 2274 BREMEN CT. STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA, FL 00000** CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE LORICCO, CARLO J NAME 2.2 NAME 4418 N. SHORE DR. STREET ADDRESS 2.3 STREET ADDRESS CHARLOTTE HARBOR, FL00000 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 31 TIME NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 10000252570f^{hange} -05/15/98--01030--046 TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZiP

14. Thereby 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.

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