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PROFIT CORPORATION ANNUAL REPORT

1998

26



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

JOSEPH CICCARELLO, D.C., P.A.

(0)

FILED Apr 29 1998 8:00am Secretary of State



	e of Business	Mailing Address									•
1011 S HIGHWAY 301		1011 S HIGHWAY 301									
TAMPA FL 33	3619	TAMPA FL 33619									
								DO NOT W		HIS SPACE	
						3.		orated or Qualif	ied		
							08/01/19	79			
	lace of Business	2a. Mailing Address				4.	FEI Number	.=		⊢	Applied For
21		26					59-1944784				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	Certificate of	Status Desired	3 🗀		Additional	
22		27								Fee I	Required
City & State		City & State			6.	Election Can	npaign Financir	_	\$5.0	О Мау Ве	
23	28						Trust Fund C	Contribution	<u> </u>	Adde	d to Fees
Zip	Country	Zφ	—	untry		8.	•	tion owes or ha	-	, a, .	
24	25	29	30					porty Tax due		Yes	L. No
	9. Name and Address of Curren	t Registered Agent				10.	Name and A	Address of Nev	w Registe	red Agent	
	CCARELLO, JOSEPH			81	Name						i
	19 PAINT BRACH WAY			82	Street A	Address (F	O. Box Num	ber is Not Acce	eptable)		
Br	ANDON FL 33511										
				83							
				84	City					- 85 Zir	Code
				54	City				1	FL °° ²"	, 0000
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508, Florida State	utes, the a	bove	-named	corporatio	n submits this	statement for	the purpo	se of changing	its registered
omice or r agent. Fa	egistered agent, or both, in the State m familiar with, and accept the obligation	or Florida. Such change was ations of, Section 607,0505, f	s authorize Florida Sta	ea by itules	tne corp i.	oration s t	poard of direc	tors. I nereby a	iccept ine	appointment a	is registered
SIGNATURE	· -										
GIGINATORE	Signature, typed or printed name of registered agor	nt and title if eonlinable (NO	TF Registere	ed Age	ot signature i	required when	reinsteting)		DA	TE	
				og.			Tremetag)				
12,	OFFICERS AND	DIRECTORS	13.					HANGES TO C		AND DIRECTO	PRS IN 12
12, TiTLE	PD							HANGES TO C			DRS IN 12
	PD CICCARELLO, JOSEPH	DIRECTORS	13. 1.1 T				ADDITIONS/C		FFICERS	AND DIRECTO	DRS IN 12 Addition
TITLE	PD CICCARELLO, JOSEPH 1719 PAINT BRANCH WAY	DIRECTORS	13. 1.1 T 1.2 N	ITLE			ADDITIONS/C		FFICERS	AND DIRECTO	DRS IN 12 Addition
TITLE NAME	PD CICCARELLO, JOSEPH	DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S	ITLE	AODRESS		ADDITIONS/C	HANGES TO C	FFICERS	AND DIRECTO	ORS IN 12 Addition
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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 emplemental 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 contration of 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 manged, or on an arrachment with an address.