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Feb 09, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-09-1999 90004 023 ****150.00

DOCUMENT # 645693

1. Corporation Name
THOMAS J. RISALVATO, C.P.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 25 WALTER MARTIN RD. P. O. BOX 2259 FORT WALTON BEACH FL 32549
Mailing Address: 25 WALTER MARTIN RD. P. O. BOX 2259 FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 11/19/1979
4. FEI Number: 59-1943709
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RISALVATO, THOMAS J
25 WALTER MARTIN RD.
FT. WALTON BEACH FL 32548

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Entry for PD RISALVATO, THOMAS J.

Table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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, with all other like empowered.

SIGNATURE: THOMAS J. RISALVATO, C.P.A., P.A.

1-18-99 850-244-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1998)