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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F56864

DOMINICK F. MINIACI, P.A.

(4)

**FILED** Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									.1811 194845 8391	II B(BI) (84)
821 E BROWARD BLVD 821 E BROWARD BLVD										
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301								DO NOT WRITE IN THIS SI	PACE.	
								3. Date Incorporated or Qualified		
								12/01/1981		-
2. Principal F	lace of Busin	2a. Mailing Address					4. FEI Number	Ap	plied For	
21			26				_	59-2136099	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75		
22			27					3. Germicate & Status Desired	Fee Re	quired
City & State			City & State					6. Election Campaign Financing	\$5.00	
23			Zip Country					Trust Fund Contribution	Added t	
	Zip Country		<del></del>			untry	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.  Yes No			
24   25   9. Name and Address of Current			29     30     Begistered Agent			T		10. Name and Address of New Registered Agent		
MINIACI, DOMINICK F						81	Name			·
	1 E BROWA	ļ			ليإ					
		ALE FL 33031				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		}
	. 6 100010	TILL I'L COOD!				83				
						84	City		85 Zip C	Codo
						Ιí	,	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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
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.	Signature, typed	OFFICERS AND		DIE. (NO	13.	a Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12
TITLE		OT TOCHO AIND	DIRECTORIS	DELETE	1.1 7	TLE			Change	Addition
NAME	MINIACI.	, DOMINICK F		_	1.2 N		]			
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CITY-ST-ZIP	FT LAUC	DERDALE, FL 00000				my-si				ĺ
TITLE	PST	··		DELETE	2.1 7				Change	Addition
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TITLE				DELETE	6.1 Tri		}		_ Change	L_ Addition
NAME					6,2 NA			·		1
STREET ADDRESS						REEL/	ADDRESS			1

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 13 if changed of an attachment with an address.

SIGNATURE: