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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000022 (2)

NARDONE & COMPANY, INC.

Principal Place of Business Mailing Address 302 RITCHIE HWY 302 RITCHIE HWY SEVERENA PARK MD 21146 SEVERNA PARK MD 21114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 52-1837355 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCMULLEN, MICHAEL D 3411 ARBOR OAKS CT. TAMPA FL 33614 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, agent. I am familiar with, a such change was authorized by the corporation's board of directors. I hereby accept the appointment action 607.0505, Florida Statutos. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE TITLE 1 1 TITLE ☐ Change ☐ Addition NARDONE, GEORGE E JR NAME 1.2 NAME 90 PREMIER CT. STREET ADDRESS 1.3 STREET ADDRESS SEVERNA PARK MD 21146 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE NARDONE, JEANANN NAME 2.2 NAME 90 PREMIER CT. STREET ADDRESS 2.3 STREET ADDRESS SEVERNA PARK MD 21146 CITY-ST-ZIP 2.4 C(1Y+S1+Z)P DELETE OFFICE ACCOUNTING MER Change Addition TITLE 3.1 TITLE KARLA & MCCABE 3.2 NAME 2054 FOREST HILL LANE STREET ADDRESS 3.3 STREET ADDRESS CROFTON, HD 21114 CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 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

6.4 CITY - ST - ZIP 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 trustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in