## 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 #** F97000006558 (7)

WALTER M. BUCHROEDER & SON, INC.

Principal Place of Business Mailing Address % C.J. MONASTRA & COMPANY, INC. % C.J. MONASTRA & COMPANY, INC. 20102 CHAGRIN BOULEVARD 20102 CHAGRIN BOULEVARD SHAKER HEIGHTS OH 44122-4947 DO NOT WRITE IN THIS SPACE SHAKER HEIGHTS OH 44122-4947 3. Date Incorporated or Qualified 12/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 36-2070866 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution 28 Added to Fees Zıp Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EDWARD E. LEVINSON P.A. 407 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE SOUITHEAST MIAMI BEACH FL 33139 84 City Zip Code 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change \_\_\_ Addition NAME SHELLEY, JOSEPH P JR 1.2 NAME 2372 MCDONALD AVE STREET ADDRESS 1.3 STREET ADDRESS **BROOKLYN NY 11223** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP 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 of the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed or o

SIGNATURE: Y

CITY-ST-ZIP

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**FILED** 

Mar 10 1998 8:00am

Secretary of State

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