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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000008583 (1) DOCUMENT #

THE CIMINO INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address	e controll tin fairt abite abite abite antel antel antel bein bein bitel iften fan		
POST OFFICE BOX 618 ST AUGUSTINE FL 32085	POST OFFICE BOX 618 ST AUGUSTINE FL 32085	4		
or noodstate te debts	or moodiffic to dead	DO NOT WRITE IN THIS SPACE		
		 Date Incorporated or Qualified 01/23/1997 		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
21	26	59-3435476	Not Applic	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	- Contificate of Status Desired	\$8.75 Addition	

City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country Zip This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 29 30 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent CIMINO, RALPH L 204 SPRING ST 62 Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32095 83

84 City

office or re	to the provisions of Sections 607.0502 and to agistered agent, or both, in the State of Flor m familiar with, and accept the obligations of	ida. Such change was a	ithorized by the coroo	orporation submits this statement oration's board of directors. I her	nt for the purpose of changing i reby accept the appointment as	ts registered registered
SIGNATURE		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			OUT	
Signature, typed or pointed name of registered agent and title if applicable (NOTE 12. OF FICERS AND DIRECTORS		Registered Agent eignature required when rainstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	n Or Fidelia AND DINC	DELETE	1.1 TITLE	ADDITIONS/CHANGES	Change	Addition
NAME	CIMINO, RALPH L	occent	1.2 NAME		C Change	
	204 SPRING ST.					
STREET ADDRESS	ST AUGUSTINE FL 32095		1.3 STREET ADDRESS			
CITY-ST-ZIP	OT AUGUSTINE PE 32093	I Dievere	1.4 CITY - ST - ZIP			4 4 4 10
TITLE	U CHIMIO FOTHER D	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CIMINO, ESTHER R		2.2 NAME			
STREET ADDRESS	204 SPRING ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32095		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			·
TITLE		DELETE	41 TITLE		☐ Change	Addition
NAME			4. 2 NAME			,
STREET ADDRESS			4.3 STREET ADDRESS			J
CITY-ST-ZIP			4.4 CITY-ST-ZIP]
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			.
STREET ADDRESS			5.3 STREET ADDRESS			1 4
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			·

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.

For

Zip Code

FILED

Mar 19 1998 8:00am

Secretary of State