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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09 1998 8:00am

Secretary of State

A CARLLER LIB (BILL 1891) BASIL BASIL BASIL BRILL BRILL BRILL BILL BILL BILL BRILL BASIL BASIL BASIL

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043674 (5)

MICHAEL J. DITOMASSO, PHD, PA

Principal Place of Business Mailing Address							O HILL BAHA IN	1811 8191 1891	
12853 SW 150 TERRACE MIAMI FL 33186		12853 SW 150 TERRACE MIAMI FL 33186				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal P	ace of Rusiness	2a. Mailing Address				05/16/1997 4. FEI Number		Applied For	
<del></del>						65-0753721		ot Applicable	
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						<u> </u>		Additional	
22 27						5. Certificate of Status Desired		Ruginonai Reguired	
City & State City & State						6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	D May Be	
28						Trust Fund Contribution		to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the current year Intangible			
24	25	29	30	30		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
DITO	OMASSO, MICHAEL J		8	31 Na	me				
12853 SW 150 TERRACE			1	32 Str	eet Addre	dress (P.O. Box Number is Not Acceptable)			
	MI FL 33186								
			1	33					
			8	City	1	Fi	<b>85</b> 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, typod or printed name of registered as	gent and the if applicable (NOTE	Registered /	Agent sign	ature required	I when re-installing) DATE			
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	OP DELETE		11 THE	11 THILE			☐ Change	☐ Addition	
NAME	<b>D</b> ITOMASSO, MICHAEL J		. 12 NAM	IE .					
STREET ADDRESS	12853 SW 150 TERRACE		1.3 STA	EET ADDRE	SS				
CITY-ST-ZIP	MIAMI FL 33188		1.4 CITY	1.4 CITY-ST-ZIP					
TITLE	DV	DELETE 21		Ε			☐ Change	Addition	
NAME			2.2 NAM	ŀ€				}	
STREET ADDRESS			2.3 STR	ET ADDRE	SS				
CITY-ST-ZIP	MIAMI FL 33186		2.4 CIT						
TITLE		☐ DELETE	3.1 TITL	•			Change	☐ Addition	
NAME			3.2 NAV						
STREET ADDRESS			3.3 STR	ET ADDRE	SS				
CITY-ST-ZIP		T DOLLETE	3.4. CITY- S				<u> </u>	T Name	
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition	
NAME			4. 2 NAN						
STREET ADDRESS				ET ADDRE	SS				
CITY-ST-ZIP		DELETE	_	-ST-ZIP	-		Change	Addition	
TITLE		☐ DELETE	5.1 TITL				☐ Change	Addition	
NAME			5.2 NAM					İ	
STREET ADDRESS				ET ADDRE	SS				
CHTY-ST-ZIP		M DELETE		-S1 · ZIP				4.1.105	
TITLE		☐ DELETE	6.1 TITLI		1		Change	Addition	

6.2 NAME

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 a address.

6.3 STREET ADDRESS