## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1908 DOCUMENT # 349 ASHBY LANE PALM CITY, FL 34990

## **FILED** Apr 29 1998 8:00am Secretary of State

Principal Plac	ce of Business	Ma	Mailing Address				
240 Politica Form					_		
			349 Ashby Lane				DO NOT WRITE IN THIS SPACE
}		F	Palm City, FL 34990			,	3. Date Incorporated or Qualified
							10/4/91
	Place of Business	2a.	Mailing Address				4. FEI Number Applied For
21			26				650303585 Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional
City & State			City & State				Fee Required
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country		<b>Z</b> ip	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	L	34990	30	-		Personal Property Tax due June 30. Yes No
<del></del>	9. Name and Address of Cur			1331			10. Name and Address of New Registered Agent
					81	Name	ne
ידות	ERLIZZI, MICHAEL				82	Ptroof	et Address (P.O. Box Number is Not Acceptable)
	O Dyer Point Road	S.W.				Street	at Address (F.O. Box Number is Not Acceptable)
	m City, FL 34990	····			83		
	Ozeg, 12 34330	$\mathcal{L}$		ŀ	84	City	
τ		1/			54	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,000 and 607,1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered							
office or registered agon, or both, in the Sayfrot Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with wind accept the distributions of, Section 607 0505. Florida Statutes.							
SIGNATURE / -/3.6/							
Signature typied or profided manic of registers (i.e., and tries trapplicable) (NOTE Registered Agont signature required w							ure required when reinstating) DATE
12.	OFF CERS	AND DIBLC.		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DITERLIZZI, NI	CHOLAS	TREASURER	1.1 1111			☐ Change ☐ Addition
NAME	349 Ashby Lane	:		1.2 NA			
STREET ADDRESS	Palm City, FL	34990				ADDRESS	S
CITY-ST-ZIP	<del></del>		☐ DELETE	2 1 TITI		-ZIP	Change Addition
NAME	DITERLIZZI, RO	BERT	DIRECTOR	2 2 NA*			Change — Adumun
STREET ADDRESS	664 SW Wisper		21.ICLC10[(			ADDRESS	
CITY-SI-ZIP	Palm City, FL			2 4 CIT			
TIFLE			DELETE	3 1 1111		- 211	☐ Change ☐ Addition
NAME	DITERLIZZI, MI	CHAEL	PRESIDENT	3.2 NA			
STREET ADDRESS	1340 Dyer Poin		S.W.	33\$IH	EE1 A	ADDRESS	
CITY-ST-ZIP	Palm City, FL			34 CIT	Y · ST	· 7 2	
TITLE			DELETE	4 1 1110		, <u>-</u>	☐ Change ☐ Addition
NAME				4 2 NA	MĒ		
STREET ADDRESS				4 3 S1R	EET A	DDRESS	
CITY-ST-ZIP				4.4 CiTY	( · ST ·	ZIP	
TITLE	<del>-</del>	_	DELETE	5 1 TI*L	E		Change Addition
NAME				5 2 NAM	ΛE		75
STREET ADDRESS				53 S1R	EEI A	DDPESS	1700
CITY-ST-ZIP				5.4 CiTY		ZIP	4.29
TITLE			☐ DELETE	6 1 TITL			4000025046 Page Addition -04/29/9801018030
NAME				6.2 NAN	AC ,		-04/29/9801018030
STREET ADDRESS				6.3 STR	EL1 A	DDRESS	
CITY-ST-ZIP				6.4.011)	/-ST-	Z/P	

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 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.

561-284-1552 Davi me Phone #