## 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 # GERALDINE M. DEBIANCHI, P.A. (4)

**FILED** Mar 19 1998 8:00am Secretary of State

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								. B.	<i>)                                    </i>
Principal Plac	e of Business	Mailing Address				11001/01/01/01/01/01/01/01/01		, 4.61) 6.611 61	au arân iaa.
1720 HARRISON ST 1720 HARRISON ST.									
6TH FLOOR			6TH FLOOR						
HOLLYWOO(	) FL 33020		HOLLYWOOD FL 33020 US			DO NOT WRITE IN THIS SPACE			
US					_	3. Date Incorporated or Qualified 06/02/1992	i 		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				65-0351001		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				<b>4.</b> 00,000 0000 00000		Fee R	berlupe
City & Stat	e	City & State				6. Election Campaign Financing	_		May Be
23		26				Trust Fund Contribution	U		to Fees
Zip	hand it is the second of the s			Country  6. This corporation owes or has paid the current year intangible					
24	26	29	30			Personal Property Tax due Ju			₽ No
	9. Name and Address of Curr	ent Hegistered Agent		61	Name	10. Name and Address of New	10gistered	Agent	
	EBIANCHI, GERALDINE M			"	INCHIRO				
	20 HARRISON ST			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	TH FLOOR		- 1	83					
l u	OLLYWOOD FL 33020		Į	83					
				84	City		FI	85 Zip	Code
44 Ourcupt	to the provinces of Sections 607.0	FO2 and FO7 1509 Florido Statuto	oc the et		namad aaca	poration submits this statement for the		changing	te registered
office or i	registered agent, or both, in the Sta	te of Florida Such change was a	uthorized	by I	the corporati	oration submits this statement for the ion's board of directors. I hereby acc	ept the app	ointment as	registered
i agent. I a	im familiar with, and accept the obt	igations of, Section 607.0505, Flo	rida Stati	utes.					1
SIGNATURE	Signature, typed or printed name of registered	TAXAL	Boolelese	1 Anen	t signature regula	ed when reinstating)	DATE		
12.		NO DIRECTORS	13.		t og dare tedare	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	PVS	DELETE	1.1 (0	[LE				Change	☐ Addition
NAME	DEBIANCHI, GERALDINE M	1	1.2 NA	ME	)				[
STREET ADDRESS	1720 HARRISON ST 6TH F	LOOR	13 ST	REFT A	ADDRESS				]:
CITY-ST-ZIP	HOLLYWOOD FL			IY-ST					
TITLE	TD	☐ OELETE	2.1 10					☐ Change	Addition (
NAME	DEBIANCHI, GERALDINE M		2.2 NA						_
STREET ADDRESS	1720 HARRISON ST 6TH F	LOOR	1		LDDRESS				.]
CITY-ST-ZIP	HOLLYWOOD FL			ITY-ST					
TITLE		DELETE	3.1 111					Change	Addition
NAME			3.2 NA						
STREET ADDRESS			1		ADDRESS				1
CITY-ST-ZIP			3.4. CI	-	1				
TITLE		DELETE	4.1 Til					Change	Addition
NAME		<del></del>	4. 2 N/					-	·
STREET ADDRESS			E		LDDRESS				1
CITY-ST-ZIP				TY-ST-	ľ				
TITLE		DELETE	5.1 111					Change	Addition
NAME			5.2 NA						
STREET ADDRESS					NDDRESS				
CITY-ST-ZIP			5.4 CF						
TITLE		DELETE	6.1 Til		- ZN			Change	Addition :
NAME			6.2 NA						
					pooree				
STREET ADDRESS					LDDRESS				1
CITY-ST-ZIP	I		6.4 CB	IV ST	-ZIP I				

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.