

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

**FILED**

**May 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V67812 (0)**

1. Corporation Name  
**FLYING FLAMINGO BROTHERS, INC.**



Principal Place of Business <b>2196 AIRPORT RD. NAPLES FL 33962</b>	Mailing Address <b>2196 AIRPORT RD. NAPLES FL 33962</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>09/28/1992</b>	
4. FEI Number <b>65-0357631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MURPHY, FRANK P.  
800 LAUREL OAK DR.  
SUITE 301  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT QUATRONE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2196 AIRPORT RD</b>
83 City <b>NAPLES</b>
84 State <b>FL</b>
85 Zip <b>33962</b>

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]* **ROBERT QUATRONE** **5-3-98** DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAINONE, ANTHONY D.</b>
STREET ADDRESS	<b>1888 SHEFFIELD ST.</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STOCKLEIN, PAUL ANDREW</b>
STREET ADDRESS	<b>1888 SHEFFIELD ST.</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STOCKLEIN, PAUL J.</b>
STREET ADDRESS	<b>2442 ENTERPRISE DR.</b>
CITY-ST-ZIP	<b>WESTCHESTER IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>QUATRONE, ROBERT</b>
STREET ADDRESS	<b>2196 AIRPORT RD.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SANTAGUIDA, JAMES</b>
STREET ADDRESS	<b>57 VALLEY RD</b>
CITY-ST-ZIP	<b>LOS LOB CT</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE: *[Signature]* **5-1-98** **941 707 300**

CP2E034 (10/97)