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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** May 19 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS  DOCUMENT # P9700090363 (7)					-		
	on Name E. RAINONE, INC		,00000 (1)				
<b>JOI 111</b>	E IMITORE, INC	<b>,</b>				I IOCHINOS HA KARI IBAN BORK OBRE ODIK ODNO IBAN ADINO HINO HINO HINO HIN	
Drineia al Dino	ce of Business		Mallin Address				
•			Mailing Address				
460 KIMBERLY ORIVE MELBOURNE FL 32940			460 KIMBERLY DRIVE MELBOURNE FL 32940				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/20/1997	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number _ Applied For	
21			26			59-3474849 Not Applicable	
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & Stat		·	City & State			6. Election Campaign Financing \$5.00 May Be	
23		;	28			Trust Fund Contribution Added to Fees	
Zip	Count	Country Zip Country		гу	8. This corporation owes or has paid the current year Intangible		
24 25 9. Name and Address of Cu			29 30		····	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
	VINONE, JOHN E	eas of Culterit ne	Siere en Afferir	8	1 Name	(U. Name Bito Address of New Registered Agent	
	KIMBERLY DRIVE			8	2 Stroot A	Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32940						iduless (P.O. Box Number is Not Acceptable)	
					3		
				8	4 City	85 Zip Code	
11. Pursuant	to the provisions of Sec	ctions 607 0502 an	d 607 1508. Florida Statul	os the abo	ve-named c	corporation submits this statement for the purpose of changing its registered.	
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 regional of the corporation of the statement of the purpose of changing its regional corporation of the corporat							
SIGNATURE	104.0	Mas	3 OF CECHOIL COV. 0000, TH	, oa otatut		4/2/51	
		scotico see Lagenta a			gent signature re	required when reinstating) DATE	
12.	V ce e	DEFICERS AND DI	RECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	-Taya) 15	E RAIN	<del>-</del>	1.2 NAM			
STREET ADDRESS	70170	•		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	460 Kir	13000	, Nr 32940	1.4 CITY	- \$1 - ZIP		
TITLE	Preco	1014 P	C. DELETE	2.1 1111.6	- 1	Change Addition	
NAME	}			2.2 NAM	1		
STREET ADDRESS CITY-ST-ZIP				2.3 STRE	ET ADDRESS		
TITLE			DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME	£		
STREET ADDRESS				3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			T DELETE	3.4. CITY			
TITLE NAME			☐ DELETE	4.1 TIBLE	1	Change Addition	
STREET ADDRESS				4. 2 NAM 4.3 STRE	ET ADDRESS	,	
CITY-ST-ZIP				4.4 CHTY			
TITLE			DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME	E		
STREET ADDRESS				1	ET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-		Change Addition	
TITLE NAME			L] orreit	6.1 TITLE 6.2 NAME		E riskulle □ Woot(tob	
STREET ADDRESS	}			•	ET ADDRESS		
CITY-ST-ZIP				6.4 CITY	1		
	c <b>ert</b> ify that the informati	on supplied with th	is filing does <b>not quality</b> fo			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Indicated on this annual report or supplied with rins filling does not quality for the exemption stated in Section 119,07(3)(i). Florida Statutes. I further certify that the informatic 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 Acciver 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 authorithent with an address.

GNATURE:

SIGNATURE: