SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000997 (2)

SICILIANO ENTERPRISES, INC.

Principal Place	e of Business	Mailing A	Address		a complement from forth dates and forth and the control of the and the bottle and the control of
865 SOUTH CO	ONGRESS AVENUE	%JERŘY,A			
	EACH FL 33406	1515 UNIN	MERSITY DRIVE	SUITE 218	DO NOT WRITE IN THIS SPACE
US			PRINGS FC 330	iciliano	3. Date Incorporated or Qualified
		741C	7 NEI 2	gress are WP	
2. Principal P	Place of Business		ng Address	gun une u	4. FEI Number Applied For
n			65 5	Coriner live	65-0631525 Not Applica
Suite, Apt.	#, etc.		, Apt. #, etc.	0	5. Certificate of Status Desired \$8.75 Additional
2		27			Fee Required
City & State	te	-	& State	-10 22421	6. Election Campaign Financing \$5.00 May Be
3		28	P12,0	-/A 33406	
Zip	Country	Zip		Country	B. This corporation owes or has paid the current year Intangible
4	25 9. Name and Address of Cur	29	Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CVD	OP, JERRY M	Telli Registered	Agoill	81 Name	A · / /
	S UNIVE RSITY DRIVE, SUITE 2	112			MICHAEL SICILIANO
	IAL SPRINGS FL 33071	.10		82 Street A	Address (P.O. Box Number is Not Acceptable)
0011	FIE 61 1111/00 1 E 0007 1			83	OS SUNTA CONTROS TO
				84 City	Next Palm Beach FL 85 298896
11. Pursuant	t to the provisions of sections 607.0	0502 and 607.150	8. Florida Statu	ites, the above-named co	
office or	registered agent of both, in the St	tate of Florida. Su	ch change was	authorized by the corpo	propretion submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	am tamiliar with tand accept the or	origations of, secti	$P_A \cdot I$	J 111. 1	/ (5.1/200 7/2/90
SIGNATURE .	Signature, typed of phyled name of registered	agent and title If applicat	I RESIACIO	NOTE: Registered Agent signature	e required when reinstating) DATE
		agent and libe if applicat	ble (I		a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			ble (I	NOTE: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS	PD SICILIANO, MICHAEL %1815 UNIVERSITY DR, SUI CORAL SPRINGS FL 33071	AND DIRECTOR	S (NOTE: Registered Agont signature 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE VAME STREET ADDRESS OTY-ST-ZIP	PD SICILIANO, MICHAEL %1515 UNIVERSITY DR, SUI CORAL SPRINGS FL 33071 VD	AND DIRECTOR	S DELETE	NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE VAME STREET ADDRESS STY-ST-ZIP	PD SICILIANO, MICHAEL %1815 UNIVERSITY DR, SU CORAL SPRINGS FL 33071 VD KEATHLEY, TIMOTHY	TE 218	S DELETE	NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PARTICIPATION OF Change Additional State of Change
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7/3/98 561-640-4211

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Jul 16 1998 8:00am

Secretary of State