## 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 # 168806

(8)

A-1 BLOCK CORPORATION

FILED	
Mar 03 1998 8:00	)am
Secretary of Sta	te



Principal Place of Business Mailing Address						1		II IAMA IAMA	III UIII UI <b>u</b> ia	IDAR DIDRE DIDRE D	(D)				
MANTHONY DACATO MANTE 1617 S DIVISION 6T 1617 S ORLANDO FL 32805 ORLAN			1617 S D	INTHONY DACATO 17 S DIVISION ST ILANDO FL 32805			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified								
								"	04/25/1952						
2. Principal Place of Business 2a, Mailing				g Address				4.	FEI Number				Applied For		
21									59-067172	6			Not Applicable		
Suite, Apt. #, etc.			$\vdash$	Suite, Apt. #, etc.				5.	Certificate of Sta	atus Desired	ı 🗆	•	Additional Required		
22			State	-			6	Election Campa	ion Financir	na		O May Be			
23	<b>−</b>								Trust Fund Cont	_			d to Fees		
Zip		Country	Zip			intry		8.	This corporation				_ ` I		
24	25	<del></del>	29		30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent							
<b>D</b> A		d Address of Curre	int Hegistered A	gent	·	B1	Name	10.	Name and Add	ress of Nev	v Hegisteri	a Agent			
	CATO,ANTHO 17 S DIVISION														
	RLANDO FL 32					B2	Street Addr	ess (P	P.O. Box Number	is Not Acce	ptable)				
						83									
* <b>1</b>	e e e			٠.,		84	City	<del></del>	*	· · · · · · · · · · · · · · · · · · ·	····	. 85 Zij	p Code		
A second											F	LII			
office or r	registered agent	s of Sections 607.05 I, or both, in the Stat and accept the oblid	e of Florida. Suct	change was -	authorized	d by	the corporati	oratio ion's b	in submits this sta board of directors	itement for t . I hereby a	he purpose ccept the a	e of changing appointment a	its registered as registered		
SIGNATURE															
40	Signature, typed or p	orinted name of registered as	gent and title if applicab ND DIRECTORS	6 (NOT		d Agor	nt signature require			HOED TO O	DATE		370 IN 40		
12. TITLE	PD	OFFICERS AF	ND DIRECTORS	DELETÉ	13.				ADDITIONS/CHA	NGES TO U	FFICEHS A	Change			
NAME	DACATO,A	NTHÔNY			1.2 N/										
STREET ADDRESS	AAAT A DAMAIANI ATREPT					.3 STREET ADDRESS									
CITY-ST-ZIP	ORLANDO				1.4 CI										
TITLE	STD			DELETE	2.1 TI							Change	Addition		
NAME	DACATO,IDA		2.2 NA	2.2 NAME											
STREET ADDRESS		ision street			2.3 STRE		ET ADDRESS								
CITY-ST-ZIP	ORLANDO	FL			2.4 C	TY-S	IT - ZIP								
TITLE	V			DELETE	3.1 TH	TLE						☐ Change	Addition		
NAME		WTHONY J			3.2 NA	ME							ļ		
STREET ADDRESS		IVISION AVE					ADDRESS								
CITY-ST-ZIP	ORLANDO	<u>rl</u>		DELETE	3.4. Ci		T-ZIP					Observe	T Address		
TITLE	CDECAMAN	IONIN .		DELETE	4.1 TO							L Change	Addition		
NAME	FREEMAN,	MSION AVE			4. 2 N										
STREET ADDRESS	ORLANDO				1		ADDRESS								
CITY-ST-ZIP TITLE	S	<u>r</u> L		DELETE	4.4 CI		1-ZIP					Change	Addition		
NAME	FREEMAN,	ADAM S.			5.2 NA							- onango			
STREET ADDRESS		VISION AVE.					ADDRESS								
CITY-ST-ZIP	ORLANDO				5.4 CF		1								
TITLE		· -		DELETE	6.1 TIT					<del></del>		☐ Change	Addition		
NAME					6.2 NA							·	j		
STREET ADDRESS							ADDRESS						j		
CITY-ST-ZIP					6.4 CI	Y-ST	r- ZIP			<u> </u>					
11			444 44 44 44												

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.