

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

FILED

**Mar 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 289077 (0)

1. Corporation Name
NTGARGIULO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15000 OLD 41 NORTH NAPLES FL 33963	Mailing Address 649 5 AVE S 221 NAPLES FL 34102 US
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3. Date Incorporated or Qualified
01/01/1965

21. Principal Place of Business 649 5th Avenue South	2a. Mailing Address 649 5th Avenue South
22. Suite, Apt. #, etc. Suite 221	27. Suite, Apt. #, etc. Suite 221
23. City & State Naples, FL	28. City & State Naples, FL
24. Zip 34102	25. Country USA
29. Zip 34102	30. Country USA

4. FEI Number
59-1088148

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GARGIULO, JEFFREY D.
15000 OLD 41 NORTH
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1442 Gallean Dr.
83. City	Naples
84. State	FL
85. Zip Code	34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCACCI, JOSEPH	1.2 NAME	
STREET ADDRESS	3855 SO LAWRENCE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGIULO, JOHN R	2.2 NAME	
STREET ADDRESS	15000 OLD 41 NO	2.3 STREET ADDRESS	649 5th Ave. S. #221
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	DC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGIULO, DEWEY R	3.2 NAME	
STREET ADDRESS	649 5 AVE S,221	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POKLEMB, STEPHEN A	4.2 NAME	
STREET ADDRESS	15000 OLD 41 NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCACCI, J M	5.2 NAME	
STREET ADDRESS	1042 PUTNAM BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALLINGFORD PA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHBEINM, BENJAMIN	6.2 NAME	
STREET ADDRESS	ELKINS PK SQ STE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELKINS PK PA	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 _____

CR2E034 (10/97)