

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 # **390397** (8)  
1. Corporation Name  
**401 NORTH FEDERAL HIGHWAY, INC.**

Principal Place of Business  
**4825-4 CORONADO PARKWAY  
CAPE CORAL FL 33904**

Mailing Address  
**4825-4 CORONADO PARKWAY  
CAPE CORAL FL 33904**

FILED  
Jul 08 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4635-4 Coronado Pkwy</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4635-4 Coronado Pkwy</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/27/1971</b>	
22		27		4. FEI Number <b>59-1365827</b>	
23 <b>CAPE CORAL, FL</b> City & State		28 <b>CAPE CORAL, FL</b> City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 <b>33904</b> Zip		29 <b>33904</b> Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEFENACCI, LOUIS J.  
4835-4 CORONADO PKWY  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANACCI, LOUIS J.	1.2 NAME	
STREET ADDRESS	4835-4 CORONADO PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANACCI, ELAINE M.	2.2 NAME	
STREET ADDRESS	4835-4 CORONADO PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600002583726**  
-07/09/98--01005--019  
\*\*\*150.00

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:

*Stefanacci, Louis J.*

7-7-98 (641) 945-2300

CR2E034 (5/98)

4635-4 CORONADO PKWY  
CAPE CORAL, FL 33904  
941-945-2200

## A.J.'S FLORIST

July 2, 1998

DIVISION OF CORPORATIONS  
ATTN: ANNUAL REPORTS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

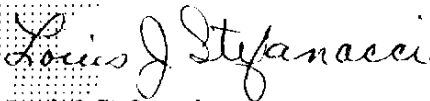
Dear Sir or Madam:

Yesterday we received a SECOND NOTICE for the 1998 CORPORATION ANNUAL REPORT.  
This is the first notice that we have received regarding this report.

We called your office and were told to write a letter to you explaining the situation and to fill in the report we received along with a check in the amount of \$150. for the regular filing fee.

Enclosed are the form and the check for \$150.

Sincerely,



Louis J. Stefanacci  
President

Enclosures (2)

[Click here and type slogan]