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May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 395625 (7)

1. Corporation Name
LEO M. TUSCAN & ASSOCIATES ACCOUNTANTS, INC.

Principal Place of Business	Mailing Address
~~1412 JACKSON STREET, SUITE 4~~ 6238 Presidential Ct Ste. 5 ~~FT. MYERS FL 33901~~ 33919	~~1412 JACKSON STREET, SUITE 4~~ 6238 Presidential Ct Ste. 5 ~~FT. MYERS FL 33901~~ 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
02/10/1972

4. FEI Number
59-1789443
☐ 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

~~TUSCAN, LEO M. (Dec'd.) Oct. 13, 1997~~
~~1412 JACKSON STREET, #4~~
~~FT. MYERS FL 33901~~

10. Name and Address of New Registered Agent

81 Name: Nellie J. Tuscan
82 Street Address (P.O. Box Number is Not Acceptable): 6238 Presidential Ct.
83: Suite 5
84 City: Ft. Myers, FL 85 Zip Code: 33919

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: Nellie J. Tuscan, Pres. Nellie J. Tuscan, Pres. (Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: May 26, 1998.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TUSCAN, LEO M. 5617 CORONADO COURT CAPE CORAL FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TUSCAN, N. J. 5617 CORONADO COURT CAPE CORAL FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition President, Treas., D. Nellie J. Tuscan 5617 Coronado Ct. ~~Cape Coral, Fla., 33904~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUSCAN, MARK A. 5617 CORONADO COURT CAPE CORAL FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Vice President, Sec., D. Mark A. Tuscan 5617 Coronado Ct. Cape Coral, Fla.,
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: Nellie J. Tuscan, Pres. Nellie J. Tuscan, Pres.