## 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 #

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**FILED** 

Apr 27 1998 8:00am

Secretary of State

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_												
Pr	incipal Plac	e of Business		ailing Address								
	190 OAKHUI	AST AD		190 OAKHURST RD								
	SUITE 2-A SUITE 2-A SUITE 2-A SEMINOLE FL 34646 SEMINOLE FL 3464		UITE 2-A EMINOLE FL 34646				ļ	DO NOT WR	TE IN THIS	SPACE		
Ι,	APMINANTE	L OTATO	•	CMMOLE IL GIOTO					3. Date Incorporated or Qualifie			
								i	06/22/1973			
2.	<b>Principal</b> P	lace of Business	28.	Mailing Address		•••			4. FEI Number	···	A	oplied For
21									59-1464486		No	ot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired			Additional	
22			0							Fee Re	equired	
-	City & State	ty & State City & State						6. Election Campaign Financing			May Be	
23	Zip	Country Zip Cou		Cour	ateu			Trust Fund Contribution		Added		
24	Σψ	25	29	Ζφ	30	iti y			<ol> <li>This corporation owes or has Personal Property Tax due Ju</li> </ol>	_	<b>-</b> ' -	angible   No
241	<del></del>	g. Name and Address		lered Agent	[30]				10. Name and Address of New			
┢	CIC	CCO, ESTHER H	<del></del> <del></del>			81	Name					
		90 OAKHURST RD SUIT	F 2A		-		011	A -1-1	10.0 Bar Newton in New Assessment	to be to be		
İ	SEMINOLE, FL					82	Street	Agores	s (P.O. Box Number is Not Accep	iabie)		Ì
1		MINOLE FL 34646			ľ	83						
1					-	84	0111				ac   7:a /	Code
		•				04	City			FL	<b>85</b> Zip (	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						ove	-named	corpor	ation submits this statement for the	e purpose of	changing it	s registered
	agent. La	egistered agent, or both, in m familiar_with, and accept	the obligations of	ia: Such change was , Section 607.05 <b>05,</b> Fl	autnorized Iorida Statu	ıtes	the corp	poration	is board of directors, I hereby acc	ept the app	ointment as	registered
i	GNATURE	•										
Ĺ		Signature, typed or printed name of r				Ager	nt signature	e required	when reinstating)	DATE		
12		P	CERS AND DIREC	DELETE	13.			1	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR  Change	S IN 12 Addition
NA.		CICCO, ESTHER		La Detere	1.2 NA						L Change	L Addition
	reet adoress	10336 BLOSSOM LA	KE DR		1		ADDRESS					
	Y-ST-ZIP	SEMINOLE FL	J.C. 5111		1.4 CIT							
TIT		D		DELETE	2.1 1(1)		- 2.11	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		Change	Addition
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CIT	Y-ST-ZIP	SEMINOLE FL 33772	<u>}</u>		2.4 01	TY-S	T-7IP					
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	Y-ST-ZIP				3.4 CI	IY-\$	T - ZIP	L			<del></del> -	
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NAI				_ DECEME	6.2 NA				<b>9000025</b> -04/28/98010	02701	3	Addition
1	ME Reet address						ADDRESS		***150.00			
١	Y-ST-ZIP				6.4 CIT			}				l
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14. Thereby 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

IDE. Esther H. Cicco

11/21/05