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

PROFIT CORPORATION **ANNUAL REPORT**

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 509303

JOE CERAVOLO REALTY, INC.

Mailing Address

(4)

FILED Jan 21 1998 8:00am Secretary of State



5651 CORPOR	RATE WAY	5651 CORPORATE WAY SUITE 2						
	I BEACH FL 33407 W. PALM BEACH FL 33470				DO NOT WRITE IN THIS SPACE			
US	US				3. Date incorporated or Qualified			
					07/12/1976			
2. Principal Pi	ace of Business	2a. Mailing Address	Λ		4. FEI Number	1	Apr	lied For
21 2300 (ALM BEACHLIAKES P	1211 - 2300 HALA	1B0	achlak	4. FEI Number 59-1714349	-		Applicable
Suite, Apt. i	¥, etc.	19 ENDOR SUIT	1- 2	117	5. Certificate of Status Desired	\$8.	75 A	dditional
22 217		27	_ 0	~· <i>1</i>	5. Certificate of Status Desired	Fe	ee Req	uired
City & State	MBEACH, FLA	28 W. PALM BEI	ACH	FLA.	Election Campaign Financing Trust Fund Contribution		.00 A	lay Be Fees
Zip 3409								
051		registered Agent	81	Name	10. Name and Address of New Registered	Agent		
	RAVOLO, JOSEPH J. ORANGE GROVE		61	Name				
		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		-		
PAL	M BEACH FL 33480		83					
			84	City	FL	85	Zip Co	ode
11. Pursuant to	the provisions of Sections 607 0502 a	and 607 1508. Florida Statutas, th	e ebov	a named corn	oration submits this statement for the purpose o	chooo	ing its	ragistared
office or re	gistered agent, or both, in the State of	Florida. Such change was author	rized by	/ the corporati	ion's board of directors. I hereby accept the app	ointme	nt as re	gistered
-	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: Regis	stered Age	ent signature require	ed when reinstating) DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12
TITLE	PST	☐ DELETE 1	.1 TITLE			Cha		Addition
NAME	CERAVOLO, JOE J.	<u> </u>	.2 NAME					
STREET ADDRESS	244 ORANGE GROVE	1	.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BEACH FL		4 CITY-S	T-ZIP				[
TITLE		☐ D€LETE 2	1 TITLE			☐ Cha	inge	☐ Addition
NAME		2	.2 NAME					ŀ
STREET ADDRESS		2	.3 STREET	ADDRESS				
CITY-ST-ZIP			. 4 CITY - 8	ST- 21P				
TITLE		☐ DELETÉ 3	.1 TITLE			☐ Cha	nge	Addition
NAME		3	.2 NAME	1				İ
STREET ADDRESS		3	.3 STREET	ADDRESS				
CITY-ST-ZIP			4. CITY-5	ST-ZIP				
TITLE		☐ DELETE 4	1 TITLE			☐ Cha	nge	Addition
NAME		4	2 NAME]
STREET ADDRESS		4	3 STAEET	ADDRESS				
CITY-ST-ZIP			4 CITY-S	T-ZIP				
TITLE		☐ DELETE 5	.1 TITLE			Cha	nge	Addition
NAME		5.	.2 NAME					ł
STREET ADDRESS		5.	3 STREET	ADDRESS				ļ
CITY-ST-ZIP			4 CITY-S	T-ZIP				
TITLE		☐ DELETE 6.	1 TITLE			Cha	nge	Addition
NAME		6.	2 NAME					
STREET ADDRESS		6.	3 STREET	ADDRESS				
CITY ST. 7 P			A CITY C	מיד ו				

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.