FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # JOHN A. AGOSTINELLI, P.A. Principal Place of Business Mailing Address 6780 TAFT ST. HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For TA 6512 TAGT 53 6517 59-1757296 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 101 5. Certificate of Status Desired Su. te 50,te 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 61 CI Hallywood Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible BUSA 3302 25 Yes Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AGOSTINELLI, JOHN A. 6780 TAFT ST. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33024 101 Zip Code 330 レ City Holly wood bove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607,002 and 607,1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and acceptated obligations of, Section 607,0505, Florida Sta 1-16-98 **SIGNATURE** Signature, typed or printed name stered agent and title it applicable Agent signature required when reinstating) DATE 12. RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 PO TITLE DELETE Change Addition AGOSTINELLI, JOHN A. NAME NME 12 6517 TART **6780 TAFT STREET** STREET ADDRESS 1.3 S REET ADDRESS 33024 HOLLYWOOD FL CITY-ST-ZIP 1.40 ry-ST-ZIP DELETE Change Addition TITLE 211 NAME 2.2 N ME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 THILE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition

64 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 supplied entral 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 vectorer of rustee 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 or an additional statutes.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

1-16-58

954-962-9.