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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601056

(5)

BRUNO L. DI GIULIAN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 4801 NE 23RD AVE 4801 NE 23RD AVENUE FT.LAUDERDALE FL 33308 FT.LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1969 2. Principal Place of Business 2a. Mailing Address 4 E£1 Number Applied For 59-1262955 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Y Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DI GIULIAN, BRUNO ESO 4801 NE 23RD AVE Street Address (P.O. Box Number is Not Acceptable) FT.LAUDERDALE FL 33308 83 84 City Zip Code 11. Pursuant to the previsions 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. Thereby accept the appointment as registered agent. Lam 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: Bog stored Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition DI GIULIAN, BRUNO NAME 1.2 NAME 4801 NE 23RD AVE STREET ADDRESS 1.3 STREET ADDRESS FT.LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST-7IP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 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 Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - 7IP DELETE TILLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE THILE 6.1 THTLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-74P 6.4 CITY - \$1 - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for 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 coloration 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 Junged, or on an attachment with an address.

FILED

Jan 20 1998 8:00am

Secretary of State