## 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 # 1. Corporation Name

INDIERO'S, INC.

618706

(6)

**FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T TOBLID BITAN NIBEL IBITA IBOUL BALLE DITH BIT	ist arnit niatt bildet nentt neltte talt	
5563 NW 39TH AVE COCONUT CREEK FL 33073		5563 NW 39TH AVE COCONUT CREEK FL 33073			U <b>0.0</b> 0405	
					DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IIS SPACE
					04/16/1979	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1912984	Not Applicable
Suite, Apt. #, etc. Suito, Apt. #, etc.						\$8.75 Additional
22 27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	$\frac{Z_{ip}}{2}$	Cour	ntry	8. This corporation owes or has paid the	
24	25 29 30  9 Name and Address of Current Registered Agent		30	Personal Property Tax due June 30 Yes No  10. Name and Address of New Registered Agent		
	<del> </del>	it registered Agent	81 Name	10, Harrie and Address of Non Hegister	od Agent	
INDIERO, ALBERT & BARBARA						·
5563 NW 39TH AVENUE COCONUT CREEK FL 33328			-	82 Street Add	fress (P.O. Box Number is Not Acceptable)	
U	OCCINCT CHEEK FL 33320		ŀ	83		
				84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				ove-named cor	poration submits this statement for the purpos	se of changing its registered
office or re	<b>egistered age</b> nt, or both, in the State <b>m fami</b> liar with, and accept the obligi	-of Florida-Such change was a ations of, Section 607.0505, Flo	iuthorizec irida Stati	l by the corpora Ites	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE		•				
Signature typed or printed name of registrated a pertured applicable (NOTE			Registered	Agent aignature requ	red when reinstaling) DAT	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTD ALBERT ( ID	DELETE	1.1 10			Change Addition
NAME	INDIERO, ALBERT J JR 5563 NW 39TH AVENUE		1.2 NA			
STREET ADDRESS	COCONUT CREEK FL			REET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DILETE	1.4 GH 2.1 H7-	Y-S1-ZIP		Change Addition
NAME	INDIERO, BARBARA		2.2 NA	ì		
STREET ADDRESS	5563 NW 39TH AVENUE			HEET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL			Y-ST-ZIP		
TITLE			3.1 ∏∏			Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3 3 STF	REET ADDRESS		
CITY-ST-ZIP			3.4 CI	Y-S1-ZIP		
TITLE		☐ OELETE 4:		.E .		Change Addition
NAME			4 2 NA	ME		
STREET ADDRESS			4 3 STF	IEFT ADDRESS		
CITY-ST-ZIP		Total Transfer		Y-ST-ZIP		[] (L
TITLE		☐ DELETE	5.1 TITI	l l		Change Addition
NAME CERTAIN			5 2 NAI	1		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DILETE	5.4 CII 6.1 TIJ	Y - ST - 711 <sup>1</sup>		Change Addition
NAME		VI 54 16	6.2 NAI			
STREET ADDRESS				neet address		
CITY-ST-ZIP				Y-ST-ZIP		
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neless comy manine mornation supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is supplemental arrival 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 properties. I trustice 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 a putting yier) with an address.